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MEDICAL CONDUCT AND PRACTICE

A GUIDE TO THE ETHICS OF MEDICINE

BY

W. G. AITCHISON ROBERTSON

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Out of the night that covers me
Black as the pit from pole to pole,
I thank whatever gods may be
For my unconquerable soul.

. . . . . .

It matters not how strait the gate,
How charged with punishments the scroll,
I am the master of my fate,
I am the captain of my soul.

—*Henley.*

PREFACE

THE young practitioner often finds himself in difficulty as to how best to act under certain circumstances. A more experienced colleague would in most cases be able to advise him, were his advice asked. The young man, however, feels diffident to lay his trouble before another, and so remains in anxiety.

I have written this small volume with the object of affording the young doctor that amount of help, advice and guidance which I myself would have welcomed could I have obtained it when commencing practice.

The subject of Medical Ethics has received a good deal of attention of late, not only from the General Medical Council, who are interested in seeing that this subject is taught to students preparing for their final examination, but also from the Ethical Committee of the British Medical Association. In lecturing to my students of Forensic Medicine it has always been my practice to include Medical Ethics, and in the following pages I have embodied most of what I teach.

It is more than ever desirable that the members of the medical profession should maintain, not only amongst themselves, but also towards the general public, a high standard of conduct and morals, and with the aim of fostering this ideal, I send out this little book.

W. G. A. R.

SURGEONS' HALL, EDINBURGH.
June, 1921.

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MEDICAL CONDUCT AND PRACTICE

CHAPTER I

ETHICS AS A BRANCH OF PHILOSOPHY

THE study of ethics or the science of morals and of duty is of supreme importance to every one, but to no one more so than to the medical practitioner, who is brought into very close social relations with his patients. Unless, therefore, the doctor keeps constantly before him a very high standard of duty and conduct he may easily lapse from the ethical ideal.

In the ancient philosophies ethics was that branch which was concerned with human character and conduct. Aristotle (who was the first to apply the Greek word *ἦθος-ηθικός*, habit, usage, or custom, or again character, disposition, to this division of philosophy) affirmed that the chief ethical end lay in the perfect development of a man's self in moral and intellectual excellence.

Ethics concerns itself with *what one ought to do*, and consequently investigates the nature of duty and deals with what is right or wrong in conduct; to this end its object is to consider one's duties to oneself as well as to others. It also studies *what one ought to be*, and, as a result of this, it endeavours to

build up a scheme of virtues by means of which character may be formed.

That branch of ethics which deals with a man's moral duty to the community or people generally, as well as to the lower animals, is known as **Utilitarianism**. This has often been stated as "the chief end," or "supreme good," and means the greatest possible good to the greatest number of persons. From our point of view, and in actual practice, the whole scope of medicine in relation to the public health is based on this aspect of ethics.

The science of Hygiene largely consists in framing and carrying out laws which regulate and, to a certain extent, limit, the power of the individual so as to restrain him from inflicting danger or injury on the community. Thus he may be interdicted from carrying on his business if it constitutes a nuisance to people generally ; he is segregated if he is suffering from a communicable disease lest he spread it to others, etc.

When men live in a community, it is absolutely necessary that each individual member should so regulate his life and conduct as to conduce to the welfare of the whole. The aim and object of good government is to secure this.

By **Medical Ethics** is meant that body of rules and principles concerning moral obligation which is intended to regulate medical practice. These rules have not been drawn up by any body of medical or other men, but have for so long a time received the unanimous assent of the medical profession as a whole that they have become binding on each individual member.

It is entirely beyond the scope of the present work to deal in any way with ethics in the abstract. What the writer desires, however, is to show the application of ethical rules to the everyday work of the practitioner, and to indicate how best his work may be carried on, not only for himself, but on behalf of his patients and others.

To this end a few words may be said regarding some of the attributes which go to form a man's character, and on the possession and cultivation of which, the success of his professional life will very largely depend.

Conduct.—Matthew Arnold said that "conduct was three-fourths of our life and its largest concern." It really means the way in which a person acts or lives, and in ethics it signifies the voluntary direction of one's will to proper ends, especially as regards morals and religion. To the medical practitioner it is of the utmost importance that he should so frame his line of life that it may be entirely above suspicion; that all may see the transparency of his motives, and that his chief aim in life is the good of his patients. He must see to it that he renders his due to each sufferer. This moral obligation or line of conduct which one is bound to follow is known as one's duty (or in ethics, oughtness), and is surely one of the highest principles which should underlie a man's relations to himself, to his fellows, and to his God.

Duty.—"Stern daughter of the voice of God," duty is the guiding principle which shows itself in the acts and conduct of the individual. Whatever, therefore, your conscience calls upon you to do, that

do ; it is your duty. This moral obligation often runs directly counter to what expediency or self-advancement might urge ; but if you are to be happy in your own mind, then the former must be obeyed, even though it entails loss and suffering. " Do the duty that liest nearest thee which thou knowest to be a duty ; the second duty will already become clearer."

The duty of the ordinary practitioner seldom calls for high effort. It usually lies in performing " the trivial round, the common task." The very monotony of this may incline him to neglect his work, and make him strive for what he imagines to be loftier objects. In the vast majority of cases, however, it is just in his practice where the doctor's duty lies, and if he carries this through wisely and conscientiously, he has the reward of conscience in that he has obeyed its call. It behoves you, therefore, to keep a clean and active conscience, " the oracle of God," so that, acting under its guidance, you will have the supreme satisfaction of knowing that you have done your duty. Seneca tells us that a peaceful conscience, honest thoughts, virtuous actions, and indifference to casual events, are blessings without end or measure.

It is well that the young practitioner should so commence to live his life that he will build for himself no House of Regrets in which to dwell in his later years. It has been said that in youth we bake the bricks, that in manhood we build the walls, and that in old age we live in such a house. It is, however, in your own control to build this edifice as small and as flimsy as possible, so that you may

not have to dwell for any length of time in an abode of gloomy memories.

Character is the individuality of the person, and results from cultivation of his moral nature. Being determined by his will, it is the mark of the man, and shows itself on all and on every occasion.

It has nothing whatever to do with intellect ; the genius may be a man of low character, the ploughman one of lofty character. It is a product of the heart, and not of the head. Character alone makes the moral power of the man.

Many qualities go to the formation of character. I mention but a few.

Perseverance.—Because something is difficult to do is no reason why we should give up attempting it. The reverse ought rather to be our endeavour ; obstacles ought to be the stimuli to success. The young man starting in practice must exercise patience as well as perseverance, he must not be cast down by an apparent non-success. In many cases the reward of steady work in the face of disheartening non-appreciation has been, later, that of a successful and lucrative practice.

A piece of research work is, perhaps, troublesome and arduous, and seems to give little prospect of any good result. By perseverance you can accomplish it, and the ultimate benefit to humanity may be great.

Apart altogether from success, there is nothing which strengthens character more than persistent effort. Let your work always meet with the approval of your conscience, and do that which lies nearest to you first, but do it in no slovenly manner. Do not

neglect any work because you are waiting for " the great opportunity." It may never arrive.

Interest and enthusiasm in your work are, however, enormous helps. If your daily work is done as a task to be got over, and not as a pleasure, then you are doing a slave's work, and its value to yourself and to others will be equally worthless. It is evident that you have chosen the wrong line of work if you have no living interest in it, and the sooner you escape from the thraldom of such unattractive occupation the better will it be. You might devote yourself to some other of the many branches of your profession, and to one which would afford you interest; and with perseverance, desire and appreciation for the work would in all likelihood follow.

The pity of our life is that, when we are young and vigorous, professional work comes to us slowly and in insufficient amount; while we get more than we can accomplish when we are older and less able physically to undertake it.

By courage, effort and persistence you will be able to overcome many apparently insurmountable obstacles which may beset you in your work. One can hardly imagine a world in which there were no difficulties with which to contend, and if there were none, the character would be equally lacking in development. It is adversity which makes a man; success too often spoils him.

Try as early as possible in your career to map out your line of life, and having done so, let nothing deviate you from following it. If you prosecute this in a right spirit and with due regard to your fellow

men, it is almost certain that you will attain your object in time.

By not concentrating your activities on one special object you dissipate your energy and your time, and as life is short and time is fleeting, when at last you wake up to the fact that you ought to be doing what you set out to do, you may find that the opportunity is gone and that every one (except yourself) is of opinion that you are too old. "It is too late to be ambitious . . . time may be too short for our designs."

Indecision of character is a grave fault, and if you have it even in a minor degree, do all in your power to uproot it. It may show itself in various ways: indecision in speaking, acting or even in the giving of advice. The practitioner who succeeds best is he who is decided in his opinions, who gives his directions clearly and definitely, so that there is no mistaking his meaning. Such a man leaves behind him the impression that he knows exactly what he is about, and that one can rely on him. Irresolution has ruined many a professional career. *Nosce teipsum.*

The secret of success lies in constancy of purpose, and bear in mind that it is a far nobler thing to put your best effort forth and fail than to succeed without effort.

Self-control.

"Prudent, cautious self-control
Is wisdom's root."—*Burns.*

To some this comes naturally, while others require to exercise it continually. There are few, however,

who do not require to exercise it daily in the trivial little affairs of everyday life. One may have to exercise self-control in speech or temper, another in fault-finding, another in curbing a contentious nature, another in sarcasm, etc. Real true education has for its object the development of the power of self-control, of inhibiting the desires for self-indulgence, of strengthening the will-not-to-do. In so far as one falls short of these ideals, then one's education has been a failure.

Silence is golden, if speech is silver; therefore exercise moderation in all you say. Be careful not to exaggerate or boast. Especially if your temper be hasty, think well before you speak; a hasty word may lose you a valuable patient, an unkind remark may cause a grievous wound. By speaking too quickly before thinking, a doctor may convey an entirely false impression as to the state of a patient's health, and it is very difficult afterwards to dissipate such an effect. How often in the house of mourning does the idle word hurt the feelings and wound the spirit, while the eloquent silence consoles and comforts. "And he speaks best that hath the skill, when for to hold his peace."

Thought requires controlling also. There may be rashness of thought as well as speech. This may lead to hasty and often erroneous conclusions. Deliberate well within yourself. "Give thy thoughts no tongue, nor any unproportion'd thought his act." The first are not always the best thoughts. Let your judgment depend on your reasoning—only then is it safe to speak or act.

Kindness.—I think that, as a body of men, doctors

have deserved the opinion that they are men of kindly nature. It could hardly be otherwise, however, as they are so often called in to participate in the joys as well as in the sorrows of their fellow mortals. Kindliness of nature is, however, an attribute which not only affords pleasure to its possessor, but sheds happiness around. It is such an attractive quality that all young men ought to practise and cultivate it fully. It is surely all to the good that the doctor should be remembered not alone for his skill, but also for

> " His little nameless, unremembered acts
> Of kindness and of love."

Robert Louis Stevenson says that it is the history of kindness that alone makes this world tolerable. If it were not for that, for the effect of kind words, kind looks, kind letters . . . he should be tempted to think our life a practical jest. Let it be your endeavour wherever you go to scatter the seeds of beautiful flowers in the shape of kindly words and deeds.

Such commonplace faults as the above have an immense influence on the practice of a young man, an influence out of all proportion to his abilities, and so require careful shepherding. An adequate education helps greatly to lessen these failings, if indeed it does not entirely eliminate them, but to have a mind equally balanced and self-restrained is the ethical conception.

The pessimistic mind is not the happy state, either for oneself or for one's patients. Cultivate rather the optimistic aspect, even though it may not always be the true one. Who cares to see the solemn

doctor? The medical attendant should invariably bring into each home rays of sunshine. The outlook may be gloomy enough, but the doctor can always help to lighten it by the sympathetic look and the cheery word. It was the wise man who said that a merry heart does good like a medicine.

Companions.—"It is certain that either wise bearing or ignorant carriage is caught, as men take diseases, one of another: therefore let men take heed of their company."—"*King Henry IV.*"

Nothing will tend to mould your character more than those with whom you choose to associate. The old proverbs tell us that men are known by their companions and that association with the wicked corrupts good manners. Unhappily, bad companions are much more easily made than good ones, and consequently you must be careful to make choice of the best. The company need not necessarily be vicious, but if it hinders you in your work or prevents you from doing your best, then it is bad company for you. These companions may come in the guise of sportsmen, and may entice you to spend far more time than you ought to give to golf, cricket, tennis, billiards or cards. Some relaxation, such as these amusements afford, is good and helpful, but it must be kept within strict limits and ought never to be allowed to encroach on your business hours. What you do in your leisure time is your own affair, but the public has a right to your services during the working hours of the day.

So much money is lost in betting and gambling and so few enrich themselves, that it is well to avoid the practice altogether. The desire to make money

by chance is easily acquired, and the habit may soon become most absorbing. One has but to scan the newspapers to notice almost every day cases of bankruptcy where the debtor lays the whole blame for his losses on gambling or speculation. It is much the wisest plan never to begin playing card games for money, and thus you can easily excuse yourself in future by stating that you do not play when money is at stake. No doubt this denial may lose you some patients, but as a rule they belong to a class you are better without. When one considers the waste of time occupied in playing such games, you are by far the gainer in refusing to play, as you have this time for mental improvement.

Gambling, betting and drinking usually go together. They are but the agents which develop an evil character, and if cultivated will inevitably lead to loss of reputation, and by consequence, loss of practice. Then too late you may exclaim with Falstaff, " Company, villainous company, hath been the spoil of me." Let it be your endeavour to select as companions only those who will improve your character and intellect.

Truthfulness.—" Think you Truth a farthing rush-light, to be pinched out when you will ?"

It is unnecessary to mention truthfulness in speech, because this is so elementary a virtue that one naturally believes the word of a gentleman. One's whole life should be truthful ; it is the mainspring of character. One ought never to act a lie. It is by no means always easy to speak and act truthfully, and it may take all your courage to do so, but " dare to be true. Nothing can need a lie."

Your patients will rely on what you tell them, so be careful of what you say. Do not allow them to build on false hopes of cure or recovery. How cruel it is for you to promise what you are very likely unable to fulfil! A false promise to cure is the province of the quack or charlatan who sells a drug or vaunts a method to cure diseases. An undue faith in certain drugs is found amongst some practitioners, and is especially to be met with in those who pin their faith to vaccines. Some go the length of asserting that they will cure a patient after a certain number of injections; now, such a statement ought never to be made. We know not the power of the drug nor its reaction on the patient, hence a qualified statement is the most we can make. It is your duty to do the best therapeutically for your patient, but you ought never to hold out the certainty of cure unless you are absolutely certain, and, unfortunately, both in medicine and surgery, it is but rarely that we can make such definitely positive statements.

In treating a case of alcoholism, we are acting an untruth and not doing our duty if we fail to tell the patient what we know to be the cause of his illness. These patients seem to imagine that their medical attendant has no idea that they are over-indulging, but that he thinks they are suffering from some real illness. No doubt, when you tell them the truth, they are very incensed, and may even dispense with your further services, but at least you have kept your own self-respect and have got rid of a patient who is never anything else than a source of worry and disappointment.

In talking to different members of a family you

must remember what you have already stated, so that you may make no contradictory statements to different persons. They are certain to talk between themselves of what you have said, and if the statements are not harmonious, their confidence in you will be shaken. You may not have said anything which was not strictly true, but they may find it difficult or impossible to reconcile your statements. You cannot be too careful in what you say; a doctor's words are weighed meticulously, and he has not infrequently difficulty in extricating himself with credit from verbal entanglements made to different persons. "For many have been harmed by speech; through thinking, few or none."

Reverence.—This virtue is less common now than it was formerly, and is largely due to the belief that education makes one man equal to another. Nothing is further from the truth; true education will merely show us how much inferior we are to others, not only in the cultivation of the intellect, but in moral character also. Only the person of little sense thinks that there is no one who deserves respect.

It matters not what opinions a person may have nor how much at variance they may be from our own, we ought still to respect them. In most cases they are the result of honest conviction. It is just possible that they may be right, and that we may be wrong.

As younger persons, it is our privilege to respect those who have lived longer than we have, and have so gained a larger experience of life, even though they are much less educated than we are.

> "We think our fathers fools, so wise we grow;
> Our wiser sons, no doubt, will think us so."

In the practice of your profession you will be asked to treat persons of very varied religious beliefs or some who have no belief. You ought never to criticise these; these beliefs are sacred to each person, and you commit a grave indiscretion besides a great impertinence if you cast slights or make a mockery of what, to them, are solemn realities. Just imagine how you would resent any one who sneered at your religious belief.

> "God sends His teachers unto every age,
> To every clime, and every race of men,
> With revelations fitted to their growth
> And shape of mind, nor gives the realms of truth
> Into the selfish rule of one sole race."

If you have made even the slightest study of philosophy you will appreciate all that is good in those who are older, wiser, more religious, or who occupy a higher social position than yourself.

But your studies will have been lost to you if you have not learnt to reverence yourself. Without an adequate self-esteem you can never succeed. Having built up your moral character to the highest point possible for you, it is necessary that you pay proper respect to it. You must do nothing which would lessen the value of your reputation for uprightness either to your fellows or yourself. Be sincere in all that you do; see that your practice corresponds with your character. The Pythagoreans had as a maxim, "Most of all respect yourself," and Bacon, long afterwards, said that the reverence of a man's self was, next religion, the chiefest bridle of all vices.

This self-esteem must, of course, be grounded on

the firm basis of moral excellence, and must not be confounded with conceit, which means taking a too favourable view of one's own good qualities. The shallow-minded person is usually conceited, but has little ground for self-esteem. Only he who has stored his mind with moral precepts and his intellect with ample resources has the right to exercise self-trust and self-esteem ; it is only right that he should reverence that part of God within himself.

" Oft-times nothing profits more than self-esteem,
Grounded on just and right."

If we will but do earnestly and honestly our daily work, not seeking happiness in frivolous amusements, but rather in study which alone affords true satisfaction, endeavouring to perform our duty and keeping our soul " as chaste as unsunned snow," so that at any moment we may render it back to the Giver, then we shall be able to arrive at the nearest approach to happiness which is possible on this earth. The ancient philosopher said that happiness exists not in strength, not in wealth, not in power. It lies in yourselves, in true freedom, in the absence or conquest of every ignoble fear, in perfect self-government ; and in a power of contentment and peace and the even flow of life amid poverty, exile, disease, and the very valley of the shadow of death.

I would advise every young man not only to learn by heart, but to realise in actual practice, the splendid advice of our national poet :—

" And these few precepts in thy memory
See thou character. Give thy thoughts no tongue,
Nor any unproportioned thought his act.

Be thou familiar, but by no means vulgar.
Those friends thou hast, and their adoption tried,
Grapple them to thy soul with hoops of steel ;
But do not dull thy palm with entertainment
Of each new-hatched, unfledged comrade. Beware
Of entrance to a quarrel, but, being in,
Bear't that the oppressor may beware of thee.
Give every man thine ear, but few thy voice ;
Take each man's censure, but reserve thy judgment.
Costly thy habit as thy purse can buy,
But not expressed in fancy ; rich, not gaudy ;
For the apparel oft proclaims the man,

. . . . .

Neither a borrower nor a lender be ;
For loan oft loses both itself and friend,
And borrowing dulls the edge of husbandry.
This above all : to thine own self be true ;
And it must follow, as the night the day,
Thou canst not then be false to any man."

CHAPTER II

BEFORE COMMENCING PRACTICE

AFTER having graduated or received his qualification to practise, it ought to be the aim of every young man to secure a hospital appointment for six or twelve months. If it is his intention to devote his life to general practice then a house-residency in the medical wards of an hospital or infirmary should be his object. If, however, he inclines to surgical work, then a house–surgeonship should be his aim. If possible, one should try to obtain one of such appointments in a non-teaching institution, because in such the young graduate can devote much more time to the clinical investigation of each case, and so to his own advantage from a professional point of view. If the visiting physician or surgeon be a man of energy and capacity, he will prove of the greatest value to his resident, and a store of learning will be laid up by the latter which will be of inestimable value to him in his future life. In hospitals where students receive instruction in clinical medicine or surgery a great deal of the resident's time is taken up in routine work, preparing cases for lectures, superintending students in their work, and so on, so that little time is left for his own personal edification.

Even as a medical student he will in all likelihood have evinced some leaning towards one special

branch of his professional work. No one can be a good general practitioner unless he has an all-round knowledge of his profession, and the fuller and deeper this knowledge is, so much the more satisfaction will his work afford him. There must surely, however, be one branch to which he is chiefly attracted, or if not, then he ought to set himself to cultivate with particular assiduity one special subject. To this one he should devote much of his spare time, working in laboratories, in hospitals, post mortem theatres, etc., so as to make his knowledge as complete as may be. Apart altogether from the personal satisfaction of knowing one subject thoroughly well, he will have made himself a specialist in this particular line. I am not now considering those practitioners who specialise from the first and who, in large centres, devote their whole time to the practice of one special subject alone, but I speak of the general practitioner, who, in the country it may be, has devoted special study to one branch. There are ample opportunities for the practice of many of these in the smaller towns, and even villages. Cottage hospitals exist all over our land, and those who wish to perform special surgical work have thus the means at their disposal. Not only will his own patients enjoy the benefits of this special knowledge, but his professional colleagues will frequently call for advice and help from their specialised brother, and this at far less cost than the bringing of a specialist from some large city.

I would, therefore, strongly advise every young man to pursue some particular branch, not only for his own improvement, but more especially because

many practitioners who have commenced in general practice have laid the foundation of specialised and lucrative practice while engaged in the routine duties of the general practitioner.

Study Abroad.—Before finally settling down as assistant or partner or engaging in one's own practice, it is well for the young man to enlarge his professional views as well as his mind generally by studying and travelling abroad for some months. If one has a little money to expend (as a good investment also) then teaching centres and hospitals in other countries should be visited, and opportunity taken to observe how one's profession is carried on by other peoples than ourselves. In this way a broadening of one's experience will result, and this will remove, to a large extent, the narrowness and prejudices of the particular school in which we have been trained. There were brave men before Agamemnon, and while preserving all loyalty to our teachers, we are led to see that there are other teachers and operators as good as, or even better than those who instructed us.

In former years, Germany and Austria were the happy hunting grounds of most of the young graduates, and thus an undue influence was exerted on British and American medicine through the teachers in these countries. There are, and always have been, as good teachers and operators in France, Italy and the United States of America as any in Germany or Austria, and British students always find a warm reception at any of the teaching centres in these countries. One will never regret six months spent abroad in the pursuit of one's profession. It

is always wise to take letters of introduction, as in that way a greater interest is taken in you than when you go quite independently.

If one cannot afford either the expense or time for this foreign travel, then much of the world can be seen by going as a ship's surgeon. During the voyage there is ample time for study, and opportunity should be taken at each port to visit the local hospitals and make oneself conversant with diseases of other countries. In this way one may gain a large experience in many of the diseases of the tropics, and this at no expense to oneself.

These prolonged absences from home must be made before one begins one's permanent work, because the opportunity of taking a lengthened holiday does not often present itself to the busy practitioner.

Assistantships.—A medical man usually engages an assistant by the year, though, as a rule, he can make his own arrangement as to the period of engagement.

Either principal or assistant can terminate the engagement by giving a month's notice. Here, again, each may make his own arrangement as to the length of time of giving notice ; the period may be shortened to one week if desired.

An assistant may be dismissed immediately if he has been guilty of any grave error, *e.g.*, neglecting to visit patients under his charge, disobedience to orders, insolence, etc. He receives payment, however, up to the time of departure.

An assistant is bound to give loyal service to his principal, and to conduct his part of the practice as

if he were the principal himself. On no account must he ever make any remarks to the patients derogatory to his master, or mention any failing or weakness which he may have. Any fees which he receives he must pay back to the principal, *e.g.*, fees received as witness in court, performing post mortem examinations, etc., as these were the result of work done and time occupied, both on behalf of the principal. It is, however, by no means an infrequent arrangement that the assistant receives half or whole of the midwifery fees and any special remunerations.

In drawing up a contract with an assistant it is usual to state that, after leaving his service, the assistant must not begin practice within a radius of so many miles—in country districts this might be twenty miles ; in towns two or three miles. Sometimes the restriction is in point of time—the assistant not to start in practice near his former master for five to ten years subsequent to his departure. This is only right and just, and is done because the assistant gets to know all his principal's patients, and might, if he were unscrupulous, easily influence them against the doctor and in favour of himself were he to engage in practice in the neighbourhood.

Under the Workmen's Compensation Acts, etc., every assistant must be insured against injury or accident. The rates for these insurances are based on the amount of salary paid.

CHAPTER III

COMMENCING PRACTICE

THERE is no more responsible nor anxious undertaking than that of a young man starting in practice on his own account. It is not to be lightly undertaken, but requires much thought and care, for having once launched himself on his life-work, it is very difficult to commence afresh, if the voyage has not commenced satisfactorily, or more especially if it does not promise well.

Before beginning your own practice it is necessary for you to have gained experience of what general practice consists in: this is best accomplished by going to a medical man as his assistant. If you intend to practise in a special locality, then it is advisable to gain your experience in another locality more or less remote from that in which you mean to settle permanently. It is inevitable that the beginner will make mistakes of some sort or another—errors in diagnosis, in treatment or in manner. It is well, therefore, that such should not be known where one is to take up one's permanent residence; hence the benefit of gaining experience elsewhere.

In many cases, however, the doctor who has taken an assistant, finds the help so invaluable that he may offer him a share in his practice, and so he settles down at once to a permanency.

Without the purchase of a practice, it is a slow process to build up one now by one's own efforts.

Formerly this was not so, and as a rule the early years of practice lay chiefly amongst the working classes; by degrees the wealthier came, and the former were dropped as the latter increased. As an esteemed teacher used to say, the doctor climbed over the backs of the poor into the pockets of the rich. This method of making a practice has now all but vanished, owing to the introduction of the National Health Insurance Act. Every insurable person (and they are by far the majority) has allocated him or herself to a particular panel doctor, and so if a new practitioner establishes himself in this locality, he finds very few working-class folks available on whom to exert his skill. It is necessary, therefore, for him to possess sufficient capital to maintain himself for a few years, or until he draws a practice amongst the better or uninsured classes to himself.

If, on the other hand, he has but a little capital, then he is almost forced to expend this on the purchase of a panel practice, when he will at once be in receipt of an income from the State. Without the purchase of the whole or of part of a panel practice, it is extremely hazardous to commence on one's own account in a working-class district. The panel patients have already been allotted to various practitioners and it is very unlikely that they will change their doctor unless there is some grave reason. The patients whom one would be likely to get in such a locality would probably be those uninsured, who were either unable or unwilling to pay for medical attention.

Choice of a Locality.—One should be very careful

in selecting a locality in which to commence practice. It may be a matter of indifference to the young unmarried man, but it may be very different if he is married. His wife may not care to be isolated in some village or small country town, and instead of the " pure pleasures of the rural life," might prefer the more active joys of the city. Again, one has to consider the needs of a family. When the children are very young, the country school or governess may suffice for their needs. As they grow older, however, a higher school education has to be given, and this entails either railway journeyings or boarding them from home. These and many other points have to be considered before one finally settles down, because it is very difficult to change one's locality later on in life.

There is little prospect of success, at least not for a very considerable time, if one settles down in the residential district of a city which is probably already only too well supplied with medical practitioners. If such a locality be selected, then immediate success can only be obtained by joining as partner an older and already established practitioner.

For a young man who does not wish to be associated with another, but prefers a noble independence, then a growing suburb is a much more promising locality in which to commence, and more especially if the inhabitants consist largely of the working or lower middle class.

It will depend on the taste of the practitioner as to whether he prefers a town or country practice. In the latter case, he will lead a far more natural and healthy life though perhaps a harder one. The

distances he has to travel are often great, and he can seldom get the help of a brother practitioner.

On the other hand, there are opportunities for many outdoor amusements, boating, fishing, shooting or hunting. As regards expenses there is, perhaps, not much difference ; the cost of running and upkeep of one's car is high in the country, and there is also the cost of educating one's family away from home. On the other hand, in towns house rent and rates are high and there is the constant temptation of shop windows, concerts, theatres, etc., to induce a transference of owner to those coins which our labour has gained.

Choice of a Dwelling-house.—If one is engaged in panel work, then it is not absolutely necessary that one should live in the locality where the chief part of one's work lies ; indeed, in many cases this would be very undesirable. It is, however, necessary to have a surgery in the locality to which the insured persons may go for advice or treatment at appointed hours. The dwelling-house ought, however, not to be too far away, as it gives the insured added trouble when he requires medical help out of the usual hours or during the night.

When, however, the practitioner does not undertake panel work, then it is a matter of choice where his dwelling place is situated in the locality. By preference, however, it ought to be conveniently placed for his patients, and in a street more or less public. The ordinary patient will seldom put himself to the trouble of searching for a doctor unless he has been specially recommended.

In selecting a house, choice should be made of

one which, though it need not be imposing,. ought yet to be of a superior and dignified appearance. The doctor's house ought to stand out from its neighbours—indeed, to have an air of distinction.

On the gate or door one's name ought to be fixed, usually on a brass plate, with the prefix " Dr.," or, if you prefer, the affix " M.D." following the name. Licentiates of the colleges legally are not allowed to use the term doctor, but in practice this courtesy is extended to them, and it is usual for them to style themselves on their door-plate and elsewhere as Dr. So-and-so. In the case of one who practises surgery only, it is customary to style oneself merely Mr. So-and-so, Surgeon.

It is unusual in this country to designate oneself as the exponent of any speciality, as aurist, oculist, etc., nor does one add to one's name Fellowship qualifications.

The former appanage of the red lamp above the doctor's door has now almost entirely passed away.

Management of the House.—In the great majority of cases the doctor's dwelling-house contains also his business premises—his consulting-room and one or two waiting-rooms. The former ought to be a good-sized room, and well furnished. Nothing impresses patients so unfavourably as a badly-furnished and unattractive consulting-room. It ought to be kept very tidy and clean ; an untidy room, with journals, books, papers and instruments lying about, will not prejudice your patients on your behalf. A couch is necessary for the proper physical examination of your patients, and a table lamp for

the investigation of eyes and throats, etc., must be provided. In a closet or room leading off, there ought to be a basin with hot and cold water supply.

The waiting-room also should be comfortably furnished and kept well warmed. Too often one sees a cold, bare, gloomy room set apart for this purpose. This is quite unnecessary ; it ought to be a bright, cheerful apartment, so that one's patients will not become depressed in spirits while waiting their turn, which is often a long time in coming.

As regards the domestic arrangements, one has to see that the maidservant who attends the door and admits the patients is polite, tidy and active ; patients do not like to be kept waiting at the door. When you become prosperous, or if you desire to make a deep impression on your patients, and more especially if your practice is confined to the aristocracy, you will, no doubt, make an addition to your troubles in the shape of a manservant. Be under no delusion, however, that he requires no supervision. Every servant requires and, indeed, expects that you superintend him or her carefully.

If you have a family of children, they must not be allowed to run about the house when patients are being shown in. Remember that your house is your business premises, and what would we think if we saw children running about our lawyer's office ? The presence of children gives too homely a look to the waiting or consulting-room.

The patient, when he enters the doctor's house, should be impressed by the politeness of the servitor, by the orderliness of everything, by the usefulness

and beauty of the furnishings, and principally by the manner, tact and ability of the doctor.

Purchase of a Practice.—As a rule the young practitioner has some district in his mind in which he would like to commence practice. It will then be his object to look up the advertisements in the medical journals of practices, partnerships, or assistantships with a view to partnership, for sale in or about the desired locality. He may, however, hear privately of some such vacancy.

Very often, however, such are not advertised, but are on the books of some of the better-known medical transfer agencies. Though a large fee has to be paid to the agent, it is more likely that one will be fairly dealt with by purchasing through such an agency. It is the duty of the agent to inquire into the cash books and ledgers, etc., of the vendor and to satisfy himself as to the *bona fides* of the transaction. This duty is not, however, always performed by the vending agency, and, indeed, some of them state that it would be impossible for them to investigate all the practices offered, and that they simply repeat what the seller has told them. Some purchasers have learnt this lesson so much to their cost that they insist, in future transactions, on dealing directly with the vendor and without the intervention of any agency.

One cannot exercise sufficient care in making such a purchase. I have known several young men who have been swindled into purchasing practices which really did not exist. No doctor can sell his practice with the assurance that every one of his patients will transfer their patronage to the new purchaser,

but he expects that a very large proportion will do so. In many cases, however, where a practice is advertised for sale owing to the ill-health of the vendor it is a decadent one, and has perhaps been neglected by the seller owing to intemperance or actual illness; to build up a ruined practice is a very tedious or even doubtful undertaking. One has to examine the ledger carefully and note what the actual cash receipts for the past three years have amounted to, the number of private families on the list, and how many have recently been patients. In the case of a panel practice, the numbers of insured persons is the test of the income.

In the case of purchasing a practice after the death of the former practitioner one must see that the death has occurred but recently, as a practice soon dissipates itself if it has been left unattended for some weeks. Even where a *locum tenens* has been carrying on the business there may have been great leakage, and a practice which had been good and lucrative during the lifetime of the deceased doctor may dwindle greatly during the interval.

Again, a practice which has belonged to a doctor advanced in years is not always a safe one to purchase. Many patients may have kept to the old doctor through loyalty and even affection, but when he retires they may take the opportunity to transfer their patronage to some other and younger doctor in their neighbourhood, whom they already know. In the purchase of what is, therefore, called a "death vacancy," not more than one year's income should be paid, and this only if everything else is satisfactory.

In buying a practice from a doctor who is retiring

or merely leaving the district, it is the usual practice for the seller to give a personal introduction of the purchaser to each of his patients. This may extend over a period of from one to six months, depending on the size of the practice, during which time the purchaser usually lives in the house of the seller. In such cases the purchase price is usually from one and a quarter to one and a half years' purchase.

It is always advisable to rent or purchase the house in which the former practitioner has lived, even though it may not be entirely satisfactory. There is a sort of vested interest in the property, and people have got to know it as " the doctor's house." Of course, no extravagant sum ought to be paid for such occupancy, but one has always to remember that another doctor may take up residence in that house without having paid anything further than the rent or purchase money of the house.

Partnerships.—At first sight this would seem to be the best arrangement which could be devised, and in many cases it works admirably. Two, or even three medical men join together and carry on a practice in a certain district. One or two are therefore always available to do the work and to allow the other to take a holiday or to act during his illness. Outside consultants are not nearly so often required as probably each of the partners has some speciality, and often one is a fully qualified surgeon, and so most of the operative cases are undertaken by him, and so on.

On the other hand, however, partnerships between medical men are perhaps less satisfactory than they are between men in other professions or trades.

This is probably due to the personal factor which bulks so largely in medical practice. One partner, perhaps, is much more appreciated by the patients than is the other, and messages are sent asking him to visit and not the other partner; hence jealousy is aroused. One partner may not be nearly so active as the other—his work gets into arrears; thus more than his fair share is thrown upon the more active partner; this leads to resentment and, thus, not infrequently such partnerships are dissolved by mutual request.

Before, therefore, one settles down to a partnership, it is advisable first to go as assistant for some time, and in this way both are enabled to judge of each other, and to determine whether a partnership between them would be desirable.

Courtesy Calls on Brother Practitioners.—It is expected that you should call and introduce yourself to those medical practitioners who reside in your neighbourhood. In cities and large towns this courtesy call may extend only to those living within half a mile of you; while in country districts this may extend to several miles. These gentlemen will be your colleagues, and you will probably be able to assist one another. It is only right, therefore, that you should make yourself known to them as soon as possible after you commence practice. Of course, if there are any whose acquaintanceship you do not desire to make, you need not call on them. It is courteous, however, for you to call on all your professional brothers, but unless you respect or esteem them, you need not follow this introduction by any further intercourse.

CHAPTER IV

SUCCESS IN PRACTICE

It is often the belief of the medical student or young practitioner that the greater the number of degrees or qualifications he can obtain, he will the more readily attract patients when he commences practice. Though it is only right that the young man should make himself as proficient as possible in his profession, one must warn him that mere learning may not enable him to succeed as a practitioner. In fact, statistics go to prove that only a comparatively small proportion of men who were brilliant students have succeeded in making themselves famous afterwards in their profession. On the other hand, it is not unusual to find that a man who, having followed some other business for some years, has commenced the study of medicine when far beyond the usual age, starts a practice and rapidly acquires an extensive *clientèle;* while on the other hand, the man who gained many prizes and scholarships may find it very difficult to attract patients. The true reason in many cases is that the former had during his previous business life learnt experience and had acquired, if he had not already possessed it, tact in the conduct of his profession; while, no matter how well educated the other may be, if he has a stiff manner and no tact, he will find himself unable to make a practice.

If a man intends to devote himself to general practice, then, in my opinion, it is hardly worth his while to add to the number of his registrable qualifications. The number and diversity of these will not help him to acquire patients. The general public only knows a man as a "doctor," and as it would be tantamount to advertising were the doctor to enumerate all his qualifications on his name-plate, and as this is never actually done, the public never gets to know how multiple his qualifications are. The time which is devoted to preparing for and passing extra examinations would be for him more profitably spent in gaining clinical experience, as such would be of far greater value to his patients. On the other hand, if a man desires hospital or public appointments or intends to specialise in one subject, then, of course, he must prepare himself for such by taking higher qualifications in medicine or surgery or in special branches, as public health, psychological medicine, etc.

It is to be presumed that the young man commencing practice has been thoroughly well trained in both theoretical and practical knowledge of his profession. To ensure success, however, he must cultivate certain virtues as they are of supreme importance to his patients, *e.g.*, promptness, punctuality, reliability, easiness of manner, etc.

1. **Promptness in Paying a Professional Visit.**—When you receive a message from a patient asking you to call, then go as soon as ever you can. One must remember that each individual esteems himself or herself above all others, and if we can foster this idea by promptness in responding to the

summons, we shall have raised ourself in that patient's estimation.

In the case of a new patient, make your visit to him the first on your list, even though it may not be quite convenient for you, and though it may even throw your other work somewhat out of order. To delay visiting a new patient until perhaps the afternoon, when the call has come in the morning, is not conducive to that patient's peace of mind. Indeed, it is no uncommon occurrence to find that owing to your delay the patient has sent for some other practitioner. Exceptionally, however, we may find that it is not in our power to pay him an early visit, and if so we ought, if possible, to acquaint the patient and state the hour when we shall call. If you have ever been ill yourself, you will know how one wearies for the doctor to pay his visit and how fretful we become as the hours pass and he does not appear. If instead of ourself we place an impatient and, perhaps, naturally irritable patient, it is plain how we may do our professional reputation harm by neglecting the call.

Apart altogether from the diplomacy of answering a call by a speedy visit, there may often be occurrences which demand urgent attention. In the case of sudden illness, the messenger is usually excited and flurried and leaves a message at your house, merely stating that you are to call at such and such an address. Or again, the message may have been delivered correctly, asking you to call at once, but your servant has not reported it correctly to you. In the majority of cases of illness there is no great reason why we should pay an early visit, but there

are acute diseases or accidents which necessitate immediate treatment. If we know that it is a case of hæmorrhage, of whatever kind, accident or poisoning, then we ought to go without a moment's delay. The loss of even a few minutes in any of these circumstances may make all the difference in saving or losing the life of an individual.

If you are fortunate in possessing that *rara avis*, an intelligent servant, it is well to instruct her how to take an intelligent interest in your work. In the case of an urgent message, she must be told to inquire into the nature of the illness or accident from the messenger, not from any inquisitive purpose, but in order that she may be able to inform you at once about it so that you can take the appropriate remedies or instruments. If you are not at home at the time, she ought to place the patient's name and address on the slate or book kept for the purpose of receiving names and addresses of patients, but she ought also to place a cross against those cases which require to be seen at once, and on your return she ought to inform you about the most serious cases.

Many patients are thoughtless and send messages asking us to call at once. Very often, when we have put ourselves to trouble to visit them early, we find that the patient has been ill for hours or days, and it was only because they were not getting well as quickly as they desired that they have invited our aid. In time, and as a consequence of the peremptory and erroneous requests for immediate service, we may begin to treat all such messages with indifference and pay our visits at our own convenience. In such cases as those I have mentioned it would be

a grave mistake to neglect the urgent summons, and a life-long regret may result from a carelessly delivered message.

2. **Manner.**—Nature, unfortunately, does not give a good and easy manner to every person, and yet to none is it more important than to the practitioner of medicine. Happily, if not a natural gift, a gracious manner can to a great extent be cultivated by imitation and perseverance. One has known the shy, uncouth and clumsy student become in after years, if not polished and courteous, at least pleasant and affable. On the other hand, one has seen the rudeness of speech, manner and gait persevere throughout life.

In the case of the specialist, perhaps a degree of bad manner may not be so great a hindrance to success, but it is a very great handicap to the general practitioner. If there be a choice of medical attendants, then the ill-mannered man will soon become the ill-natured man because of his non-success. He sees his colleagues succeed and wonders why, with perhaps his known ability, he does not also attract patients. Even in the case of specialists or surgeons, however, the man with the good manner will have far more patients, even though he be not so proficient in a professional sense as his less favoured brethren.

Shyness is a natural and, in many cases, attractive attribute in young people, and if not excessive in degree is much to be preferred to the bumptious, forward manner found not infrequently in young men. With some regret one says it, that shyness is a passing phase, and as the practitioner becomes

more experienced in the handling of patients it passes off to a great extent. Its passing, however, should never be allowed to give place to arrogance, boastfulness and pride (" the never-failing vice of fools "), which also are the attributes of some professional men who have had worldly success beyond their merits. One always waits, with Horace, to hear what such a boaster will produce worthy of such inflated language. A stiff, abrupt and unsympathetic manner will repel a healthy individual, and *a fortiori,* a sick person will feel this aversion all the more. Even in the case of a consultant, manner is one of his greatest assets. I have been told by a patient after a consultation, " Never bring that man to see me again. He may be clever, but he has no feeling."

Try to place yourself in the patient's place. He is suffering, as a rule, both in body and mind. He desires relief and he looks to you to afford it. He trusts you as the only one who can restore health to him. In common fairness you ought, therefore, to impress him with the fact that you mean to be his friend through his illness. Patiently listen to his story and complaints (for what patient is without them ? How could he live without them ? They are his daily meat and drink). Ask only those questions which are necessary or in order to keep him from straying away altogether from the main issue. Let him think that for the time being he is engrossing your whole attention (as, indeed, he ought). Instil into his mind the fact that you think him the most interesting and, indeed, the only case you have in your thoughts. Do not answer

his questions flippantly or rudely, and never for a moment allow him to think that your attention is wandering or that you are not giving him your undivided attention.

By your sympathetic manner he may unbosom himself to you, and impart to you particulars regarding himself and his family which he would never think of repeating to any other living person. It is in this way that the family doctor often becomes the depository of family secrets, the firm friend and the trusted adviser.

During sickness there is often a weakening and breaking down of the natural restraint of the patient's feelings. There is a desire to confide in the one person who alone can afford bodily help. Thus a much more intimate relationship exists usually between the medical attendant and his patient than there is between him or her and any other person outside the immediate family circle, the clergyman not even excepted.

Adroitness in managing the feelings of persons with whom you are brought into contact, the nice perception of seeing and doing exactly what is best in the circumstances is of supreme importance during one's whole professional life. Tact in dealing with a patient's crotchets or foibles ; tact in letting him think that he is having his own way ; tact in interpreting his thoughts and enunciating them as your own ; tact in dealing with his relatives and friends ; tact in carrying through some object which is not quite appreciated by your patient and yet is for his benefit, and in a hundred other ways you will find that this ready wit will stand you in good stead. It

has been truly said that the tactful man is the wealthy man.

Kindliness of nature is reflected in the manner and behaviour of the individual. True politeness springs from kindly thought, and this at once shows itself in one's manner. This applies not only to us in our professional work amongst women, but with equal truth to our work amongst men. A quiet, courteous, and yet firm bearing towards one's patients and their friends is by no means to be confounded with a suave, cringing or ingratiating manner. The first is to be cultivated, the latter to be condemned.

The doctor who puts patient, nurse and friends about by his abrupt and sudden incursion into the sick room, by his loud questions and peremptory orders and by his abrupt departure, may have given excellent advice, but has conveyed it in a very inappropriate manner. ("I do not much dislike the matter, but the manner of his speech.")

On the other hand, another doctor may create an excellent first impression by his quiet entry, his interested conversation and by his definite orders. The latter leaves behind him a sense of satisfaction and security, which is absent in the former. "Manners maketh the man," and this is most certainly true of the doctor.

Politeness is the art of rendering to every one, without effort, that which is his due socially. It is the outward expression of good breeding. Though no one is more often exposed to misinterpretation of speech, misconstruction of motive and (perhaps unintentional) insult than the doctor, yet he must at all times and on every occasion exhibit politeness,

not only to his patient, but, and what is often much more difficult and trying, to his patient's relatives and friends. Is it possible to imagine a more pitiful scene than a dispute between the patient or his relatives and the doctor ? This may soon lead to hot temper, angry words, vituperation and calumny. If the doctor should so far forget himself and his professional standing as to take part in such an altercation, his influence for good will be entirely gone in that family, to say the least. It is most likely that he will receive a curt communication stating that his services will no longer be required.

Another habit which must sedulously be avoided is that unpleasant one of contradiction. It is a fault by no means infrequently present in doctors and others who are full of their own importance and belief in their own learning. In ordinary life we try to avoid as much as possible persons so afflicted. How much more aggravating must it be to a patient, perhaps confined to bed, to have almost every statement he may make subjected to analysis and disapproval. Were he being subjected to psychoanalysis he would bear up against it, no doubt, but it is quite otherwise when exercised by the ordinary medical attendant. This contentious habit can be overcome by exercising the virtue of tolerance, even though we may not agree with many of the statements of our patients.

On the other hand, there is nothing so nauseating as a servile acquiescence in everything that the patient may say. This is sometimes done by young men under the impression that they are pleasing their patients, and they fear that if they say anything con-

trary to their opinions it may tell against them. Nothing could be further from the truth. Every one likes a man who has reasonable and decided opinions and sticks to them.

One must avoid loquacity, a habit of disputation, and on the other hand, taciturnity. No medical man can now hope to impress people by the fewness of his words. The day of oracular speech is over. In days gone by the practitioner tried to cloke his ignorance by his silence, and his patients feared to ask him questions. The well-dressed Dr. Jobling, with his habit of smacking his lips and saying "Ah!" at intervals, while patients detailed their symptoms, and which habit inspired great confidence, would, I fear, not impress the public now. The tendency is rather the other way, and both patients and their friends assail the doctor with all manner of questions as to the illness, its cause, progress, treatment and ultimate results with no little skill, and it requires all his dialectical ability to avoid telling them too much or to prevent them from drawing their own, probably false, conclusions. Though we should tell the truth as far as we are able to judge, yet we ought not to indulge in prophecy as to our patients' illnesses, as, for example, the ultimate ending of the case. Hardly any doctor of experience will do so, as there are so many diverse endings to disease. Many apparently hopeless cases recover, whilst others in which we expected no grave results prove fatal. Be content, therefore, with giving an immediate prognosis and leave the subsequent events on the lap of the gods.

Avoid a frivolous manner. Patients are often offended by what they deem to be levity on the part

of their medical attendant. Sickness, in however mild a form it may occur, is always a source of anxiety and trouble ; it is therefore very unbeseeming for the doctor to treat it lightly and in an apparently unsympathetic spirit. I do not for a moment mean that the doctor ought always to be serious and grave. A cheerful countenance and an inspiriting word will do much to help our patient in the way of bearing his trouble more easily, and so will indirectly favour his recovery. The few words of encouragement which you may have let fall accidentally will be remembered long after you have gone and will do much to brighten his lot. While an inadvertent word of undue gravity or even a facial expression of solemnity may lead him to think that you take a very grave view of his case, will do much to depress him and may undo much of the good of your treatment.

True sympathy makes us try to feel as the patient feels, to do to him as you would wish him to do to you were you in his place. If this frame of mind be yours, you will neither conduct yourself with an undue lightness of spirit nor will your manner be such as to depress your patient. I have known patients dismiss their medical attendant because he was too serious and did not cheer them up ; his visits depressed them and were looked forward to with apprehension. Your professional visit should have a therapeutic action ; there ought to be an energising psychical influence which emanates from you to your patient ; the giving of medicine is but a part of your duty as a physician ; your sole object is to cure your patient, and this can often be done by mental effort on your part.

One ought never to relate the illnesses of other patients to the one whom you are attending, nor try to acquire a reputation by recounting the number of cases of such and such a disease which you have cured. To do so is a form of self-adulation and is very bad taste. I have heard patients speak with contempt of certain doctors who were always loud in their own self-praise. The way in which you treat each patient should be its own recommendation, and if this proves satisfactory and pleasing, then you will not need to laud yourself, for your patients will do it for you, and your practice will extend without any direct effort on your part.

Courtesy to Patients.—"Ut homines sunt, ita morem geras." The medical man's work brings him in contact with people of every class of society. Especially is this so in the case of the country practitioner; one visit may be paid to the lord of the manor, the next to the ploughman. Every patient should be treated with equal respect. It is disease the doctor has to treat, and this finds its tenant in the peer as in the pauper; herein lies the nobility of our profession. The medical man wages a constant battle against disease which has no respect of persons.

In treating patients of the aristocracy, you must bear yourself with the dignity which lies behind you in your profession. There must be no mock humility, no feeling that you are having a favour conferred upon you by being asked to treat Lord or Lady So-and-so. Really you are not treating them, but fighting a certain disease which for the time being has its locus in Lord or Lady So-and-so. Do your duty as a physician and remember never to boast that you

have been called upon to treat such patients. However much they may condescend to you, never let your manner become familiar with them. If so, they will soon lose respect for you. They may esteem you as a good practitioner, but not as a man. "He who sows courtesy reaps friendship, and he who plants kindness gathers love."

In treating patients belonging to the artisan or labouring classes, remember to keep your own self-respect. Be polite, dignified and courteous to them, but on no account become too familiar, for it will only lower you in their estimation. Always remember your position as doctor, and do not allow them to forget their attitude towards you. There is no need, however, to treat them as social inferiors. No man need be either superior or inferior to the other—only let us thank Providence that we have not been born under conditions which do not favour the growth of nobility of character.

CHAPTER V

INCREASING ONE'S PRACTICE; DURATION OF VISIT, ETC.

Duration of Visit.—In visiting private patients one must conform to a certain standard for each class. An extremely hasty visit and brief examination of the patient does little to enhance the reputation of the doctor, and the excuse of extreme business on his part will hardly palliate it. Besides, it is in many cases neither satisfactory to oneself nor fair to the patient who is buying our goods, *i.e.*, our professional skill. By a hurried and careless examination, we may easily overlook some important physical sign of disease. How often is a latent pneumonia missed and diagnosed as a bronchial catarrh, merely because the doctor has not made a careful physical examination. Even though the practitioner is paying gratuitous visits to a patient, it is his duty to give him the best of his skill, for if you do not, you are preventing him from employing another doctor, who might treat him more satisfactorily. It has to be remembered that we are to be paid by the number and length of our professional visits, and if we do not give our patient the best of our knowledge and skill, then we are defrauding him to that extent. We should be doing, what in the workman is called "scamped work," *i.e.*, false or dishonourable work.

In many cases the amount of time we have to expend on the examination and treatment of a patient will never be compensated to us in the way of adequate remuneration, but we have sworn the Hippocratic oath that into whatever houses we enter, we will go into them for the benefit of the sick ; and besides this, surely few practitioners look at their work from a purely financial aspect. If we have thought merely of making money, then we have chosen the wrong profession. A certain amount of money we do require in order to live, and it is pleasing to know that the great majority of medical practitioners are not only able to live, but to live comfortably upon what they earn. Our profession, however, exists as such for the alleviation of suffering and illness, for the shortening of the period of sickness, for promoting more healthy lives, and so most directly for the well-being of the population and the good and prosperity of the State.

The length of time, therefore, which each visit occupies must depend on the nature of the case to a very large extent. In cases of chronic illness, the visit need not extend beyond a few minutes, while in the case of acute illness, we must leave nothing uninvestigated which might help us to benefit the patient.

There are, however, many chronic cases of illness where the patients rely on the doctor not so much for advice and treatment as for the pleasure of a chat. Such cases consume one's time and waste one's energy ; yet if one hurries away without perhaps drinking a cup of tea, great offence is given. One must visit these cases when one can afford the

time to indulge in such rich feasts of conversation. These patients usually belong to the upper classes, many are highly educated, and it is just here where the learning and accomplishments of the doctor show to advantage. One reason why some doctors acquire large practices amongst the upper classes is because of their brilliance as conversationalists, quickness of wit and readiness in repartee. If these qualities are associated with a good all-round knowledge of their profession, it will go far to make him not only a successful but a distinguished doctor. "He is a charming man and so well educated;" "he can talk on any subject;" "he is so well read in classical or in current literature," etc.; such remarks are by no means infrequently heard, and indicate that the young doctor should not confine his mind merely to professional subjects.

There is the garrulous patient, who belongs to "the herd of such, who think too little, and who talk too much," who is usually (but not invariably) a woman. She either comes to one's consulting-room or sends for one to call. It is impossible to get her to come to a full stop. Her sentences run on continuously with semicolons merely to indicate the sense. Her conversation is seldom about her illness (if, indeed, she has any) and we fail to find a moment's pause in which to ask her about her malady. As the moments are, at least, precious to us, we have to bring her oratory to an end. This is by no means easy to do, as such patients are very susceptible and take offence readily. In my own consulting-room I had a concealed bell-push under my table desk, and it was easy to summon the servant who was instructed

in such a contingency to tell me that I was wanted at once. This did well on most occasions ; while, on visiting them, the excuse of an appointment or the giving of a lecture, etc., allowed one to escape without giving much offence, though one could not avoid noticing the disappointment which this occasioned.

Dress.—From a business point of view it is of the greatest importance that the doctor should be well dressed. The insignificant man is made almost handsome by a well-cut and well-fitting suit, while the well-built man is made impressive. Good clothing makes a man self-respecting and increases his stock of self-importance. The patient also derives satisfaction from the fact that his medical attendant is a well-dressed and well-groomed man ; so in every way it is advantageous to attend to one's personal appearance.

It is of equal importance to see that one keeps oneself clean and tidy. The medical profession has not always been remarkable for this virtue, and the many doctors whom Dickens describes did not inspire respect owing to their generally slovenly dress, dirty linen and unshaved faces. Good clothes, well kept and clean linen, neat necktie and shoes are all indications of a careful habit. One ought to pay particular attention to the cleanliness of their hands and nails, as one cannot imagine anything more repugnant than a person with unclean hands examining one's body, not to speak of one's ears, mouth or nose. One knows many doctors who are very careless in this respect, and as a consequence their practices are confined to the poorer classes.

Hours of Work.—Habits of early rising are easily formed and much valuable time can be rescued from Morpheus if this habit is acquired. The hour of rising should be 7 a.m., or certainly not later than 7.30 a.m., so that breakfast may be over by 8.30. This allows time for reading or letter-writing before patients arrive.

The hours will necessarily vary according to the class of one's practice, but speaking generally, the following will be found convenient :—

From nine to ten o'clock patients come to consult the doctor either at his own house or at his surgery. From 10 a.m. to 1 or 1.30 p.m. he should pay visits to his patients.

On arriving home lunch should be taken and patients again seen in consultation from two to three o'clock.

Afternoon calls are again paid from 3 to 6 p.m. Probably a cup of afternoon tea will have been taken in the house of some patient, or, if not, a cup of tea may be taken on arrival home.

Up till seven o'clock patients are again seen at home or in the surgery. By having one's consultation hour early, the whole evening after dinner is left for relaxation or education. This evening leisure should not be broken into by further medical work except under necessity. Patients ought to be made to realise that a medical man requires relaxation as much as or, indeed, even more than other people.

Unfortunately, in working-class practices, this early evening consulting hour is not convenient to one's patients. It must, therefore, be changed to

7 to 8 p.m. One must dine, therefore, at six o'clock or after eight, and this latter is an hour too late for ordinary people and is, indeed, not even suited to the wealthy.

The habit of paying evening visits (though highly appreciated by some patients) is one which ought sedulously to be avoided ; only very acute or urgent cases require an evening visit.

Midwifery cases are a fertile source of loss of much time to the practitioner. In one way, fortunately, the majority of them occur during the night, and in this way less of one's daylight work is interfered with. If, however, the practitioner has an extensive obstetric practice, the loss of sleep may soon tell on his health.

This loss of time is experienced much more in working-class practices than in the better-class ones. In the former the woman is attended usually by a more or less untrained nurse or by some wholly untrained female relative. These people, therefore, send for the doctor, not indeed because there is any need, but because perhaps the parturient patient is crying out a great deal, or because they think she is getting exhausted (more probably they themselves are getting tired), and " perhaps you could hasten matters." Many an unnecessary visit is paid under such annoying circumstances.

With better-class patients, midwifery is much less trying. There is a well-trained maternity nurse in charge, and she will see to it for her own reputation, that you are not called until delivery is imminent and only when your services are really necessary. No circumstance can be more annoying to yourself,

to the husband and other relatives than your presence in the house long before your assistance is required. If you arrive thus early, the patient may plead with you not to leave her as she feels that with you at hand her condition is less grievous. You do not like to contradict her at such a time, so hours may linger on while you grow sleepy in forced converse with her husband or mother, until the time of delivery is fully accomplished. It is because of this waste of time that many doctors now advise their obstetric patients to enter maternity homes, where they will be looked after by trained nurses, and where the accoucheur will receive that expert help which is so often necessary in cases of abnormal labour. Then again, it is only where there is an expert nurse that labour can be carried through during partial narcosis (*e.g.*, by scopolomine-morphine, "twilight sleep"), and this is only safely supervised in a maternity nursing home.

In private practice the accoucheur soon gets to know the nurses who are reliable and capable, and if he insists only on such nurses being engaged by his expectant patients, he will find that his midwifery work will become much easier.

Increasing One's Practice.—The young practitioner is, of course, most anxious to obtain new and better-class patients, as his income will increase only by such acquisitions. This is not always an easy matter. In residential districts, the population does not change to any great extent and most families have already their medical attendant. It is mainly by the influx of new families into the district that one's practice increases. The doctor is prevented

from canvassing for patients, not alone by his own good feeling of what is right, but by the restraints of the General Medical Council, which makes any such solicitation a penal or disciplinary offence. He has, therefore, to rely on the recommendation of those patients whom he already has to secure fresh names to add to his visiting list.

A medical man must never ask the local chemist or druggist to recommend him as a practitioner to his customers. It hardly needs to be stated that it would be a grave penal offence for a doctor to contract with any one (*e.g.*, hotel or boarding-house keeper, maternity nurse, etc.) to pay him a percentage on new patients obtained or on fees received through such agency. Very often, however, a hotel or boarding-house keeper will recommend his private medical attendant to any of his guests who may have been taken ill in his house, and, of course, such cases ought to be readily accepted.

CHAPTER VI

LEISURE TIME ; HOLIDAYS

Leisure Time.—Certainly in the life of a busy practitioner there is little time left for leisure ; but he is either a slave to his profession or a man of cramped mind and without method who confines himself to his work alone. There is nothing so narrowing and dwarfing to the intellect as complete abstraction in one's own work, and the more so the more specialised it is. To enlarge one's mind and broaden one's views it is necessary to have leisure in which to study some other pursuit. Time apart from one's business can always be had, even in moderate amount, if a man will but systematise his work and not stay in bed too long. A certain part of each day ought to be and should be set aside either for mental or physical recreation or for the study of something outside of one's daily work.

As most practitioners enjoy a fair amount of outdoor exercise it is hardly necessary that they should employ leisure time in open-air pastimes. At home, however, "retired leisure" ought to be devoted to some hobby. If the doctor makes himself proficient in any one, he will have added an extra pleasure to his life. He may do good and valuable work in this form of relaxation and may even advance science, art, history, archæology or mechanics.

Though the dilettante enjoys himself in dipping

into various branches of study, it is unlikely that he will contribute to the advance of any. It is only the student who, thoroughly interested in a subject, pursues it with pleasure and is not content until he has added something of value to the store of human knowledge. When one thinks of such men as Rabelais, Schiller, Sir Thomas More, Galvani, Dr. John Hunter, Sir Charles Bell and many others, who all were medical practitioners in active practice, and yet have left the world richer by far by their work done in hours snatched from busy work, it ought to be an encouragement and stimulus to every one of us. Time is the only true possession given to each one, and as we are careful of our goods, we ought surely to be doubly solicitous about this gift which is our very own and see to it that it is not wasted or misused.

"Rocking on a lazy billow, with roaming eyes,
Cushioned on a dreamy pillow, thou art not wise."

He who wastes our time is really a thief, for he takes away what can never be restored to us again. Franklin said that leisure was time for doing something useful; this leisure the diligent man will obtain, but the lazy man, never. Leisure is not worth while taking unless we can make a great and noble use of it. Life is so short that there ought to be no time to spare in idleness. We ought to follow the example of Scipio, who said that he was never less at leisure than when at leisure, and many centuries before him Homer declared that it was not meet to stand here wasting our time or idly loitering, for there was a great work to be done.

Reading.—Reading is to the mind what exercise

is to the body. It is only by absorbing the wisdom of others that we ourselves can become wise, and as we take every care to clothe our bodies, we ought to be equally careful to clothe our minds. As the careful man gives full heed to the style and nature of his bodily clothing, so ought we to pay equal attention to the kind and nature of the books which we use to furnish our mental dress.

A certain amount of time must be set apart each day for reading. This must be apportioned between professional and general subjects.

1. *Medical Literature.*—No practitioner can be a good one or be able to satisfy himself unless he keeps himself up-to-date in his profession. This entails a great amount of reading and study, for there is no science which advances so rapidly as does medicine in all its branches. Scarcely a month passes without there being something new discovered in medicine, pathology or therapeutics.

If we are not to be left behind in this professional race, if we are not still to retain old-fashioned methods of treatment, then we must "read, mark, learn and inwardly digest" widely and deeply current medical literature. There are plenty of excellent medical, surgical, pathological and special journals and magazines, so there is no excuse for our not keeping ourselves well educated.

As regards books, one cannot advise the medical practitioner to buy these indiscriminately, as they so soon become out-of-date. Of course he must have certain standard works of reference in his library, but speaking generally, of the rest a perusal with note-taking will supply all that he requires.

Those practitioners who live in large towns and cities can easily procure the latest medical or surgical books at the libraries of their colleges, whilst those who live in the country ought to join one of the medical circulating libraries, so as to be able to get any book which they may desire to study. It is only by constantly reading the weekly or monthly magazines and the special books which we require, that we can keep ourselves in line with the most recent advances.

One must remember that any new discovery in medicine appeals with great force to the general public, and as it is soon made widely known through the daily newspapers, the medical man is often put to cross-examination regarding it. If, therefore, an educated patient has a greater knowledge of some of these new discoveries than has his medical attendant, there will be a serious decline of his trust in the latter.

2. *General Reading.*—

> " That place that does contain
> My books, the best companions, is to me
> A glorious court, where hourly I converse
> With the old sages and philosophers."

One cannot reprehend sufficiently those who waste too much invaluable time in reading closely daily newspapers and other forms of ephemeral publication (for they cannot by any stretch of imagination be termed literature). One must know the daily events not only of our own town, but of the world ; this knowledge, however, can be obtained in a very short time.

Much time is also consumed in reading the popular monthly magazines to the exclusion of good books. Those articles which interest us in the best monthly reviews ought always to be read, but the taste for thrilling tales in magazines ought not to be cultivated. It is a taste which, unfortunately, is easily acquired, and it is pitiful to think that many practitioners find their sole pabulum as regards literature in such publications. There are surely enough and to spare of the classic works of writers of our own and of other lands to prevent such waste of time and intellect.

A mere desultory reading of books again, though interesting, is hardly to edification. One ought rather to systematise his reading and read for a special object. Thus, one might read all the works of a certain writer in order to master his style, to note the variety of his characters, to gain an insight into history from his researches, and so on. Again, one might take a certain historical period, and read the works of the writers of that time, so gaining knowledge of what was then actually happening in the social, political and literary world. Again, one might study the essayists of different centuries and contrast or compare their style, works, and so on.

At the end of such a study we would have the satisfaction of knowing that we had completed a piece of work which we had set ourselves to do, and if we have done it carefully and thoroughly with ample note-taking, we may be able to contribute still further to the literature of our country. " 'Tis the good reader that makes the good book."

Holidays.—It is often difficult for the practitioner

to take a holiday from his work. Anxious cases have an awkward habit of developing just when he is ready to start ; he may have made engagements to attend midwifery cases during the holiday season, and so on ; thus, when the time comes round the doctor may find himself booked up and so engaged as to make it impossible for him to leave. Such contingencies may and do happen, but every doctor ought to make it a point of duty to take three or four weeks' absence from his routine work each year. This is not only fair to himself, but also to his patients. It is impossible for a man to go on working year after year continuously without getting stale and worn out, if not in body then in mind. His intellect will not be nearly so acute and receptive as one which is allowed to rest for a little at stated intervals. Therefore from a physical, as well as mental point of view, the annual vacation is to be strongly recommended.

As a rule medical practice is least active in summer and early autumn, and these are usually the best times to take vacation.

In towns, if one's practice is not too extensive, one can arrange for one's work to be done by one or two fellow practitioners during one's holiday, dividing the work between them, as is most convenient ; you, of course, undertaking their duty when they go on holiday. By this mutual reciprocation one's work is carried on very well and at no expenditure of money. If, however, one's practice be too large for this, then it is necessary to engage a *locum tenens* to carry on the work, and the same must be done in country practices. This naturally in-

creases the cost of a holiday very considerably, yet it must be looked upon as a good investment and as money well laid out, as it conserves one's health and allows one to return to work with renewed vigour.

Apart altogether from this purely business point of view in regard to holidays, think of the duty we owe to ourselves in enlarging our minds. The whole spiritual nature of man becomes cramped by being

> "long in populous city pent,
> Where houses thick, and sewers annoy the air."

The man who has passed his entire life in the sole study of disease in human beings has really only partly lived. He has omitted to "meditate the Book of Nature, ever open." What a world of wonders he has missed! Medical men are trained as few others are to cultivate their powers of observation, and thus they cannot but find a continual feast to eye and ear in almost every object in the country side. How marvellous is the bursting forth of life in spring; how glorious are the flowers of summer; then comes harvest and the preparation of autumn for the peaceful rest of winter. Can any human music equal that to which we may be treated every day if we listen to the exquisite singing of the birds, the gentle purling of the brook, the rustling of the leaves, the breaking of the waves upon the shingle, the deep diapason of the breakers, the whistling of the wind amongst the pine trees, the mighty cannon-roar of the storm or the crash of thunder.

For one's soul's sake, therefore, spend as much time as possible away from the busy haunts of men and "in lovely Nature see the God of Love."

"Away, away from men and towns,
To the wild wood and the downs,
To the silent wilderness
Where the soul need not repress
Its music, lest it should not find
An echo in another's mind,
Where the touch of Nature's Art
Harmonises heart to heart."

Or again, one's holiday may be spent abroad, where, amid fresh scenes, new peoples with new manners and customs, the weeks will fly like an enchanting dream. Not only will the pleasure be a present one, but for years afterwards, recollection will revive all the delights of those precious weeks of foreign travel. As the practitioner grows older and the battle of life more strenuous, it becomes all the more necessary that he should seek periods of rest and quiet. Time which has strewn his head with silver will probably have lined his pockets with gold, and so he will be able more easily to afford the means of securing this release from work. He will, at any rate, be wise to follow the teaching of Mahomet, that if a man finds himself with bread in both hands, he should exchange one loaf for some flowers, since the loaf feeds the body indeed, but the flowers feed the soul.

CHAPTER VII

ON KEEPING ABREAST OF SCIENTIFIC STUDY

It is not sufficient that the practitioner has had a thorough medical and surgical education. Our art is a most progressive one and every few months some new symptom or sign of disease is discovered and instruments or methods devised for the determination of the same. It is, therefore, necessary that the practitioner should know what these are and that he should employ the newest aids to diagnosis.

Almost every physician now uses the binaural stethoscope, not so much because it is better than the old-fashioned single one, but because patients look upon the doctor who uses the latter as old-fashioned. Again, it is a common request for a patient to ask that his blood-pressure be taken, and what shall he think of his doctor if he says he has not got a sphygmomanometer? Again, in the diagnosis of blood and other diseases, a differential blood count has to be made and films stained to show the relative proportions of erythrocytes and leucocytes present, and the character and proportion of constituents in the latter.

In order, therefore, to keep oneself in line with advancing medicine, it is advisable that the practitioner should every four or five years study for a few weeks at a post-graduate medical school. He

can choose those subjects in which he is most interested and so regain what he may have forgotten or add to his knowledge newer methods of diagnosis or treatment.

Apart from this, the doctor ought to join one or two medical societies, and he must make it a point of duty to attend the meetings. By conversation, communications and discussions at these assemblies he will hear all that is going on in the medical world, and will in this way not allow his intellect to grow old.

There are also the medical and scientific associations which meet in this country every year. Attendance at these gatherings yields a large fund of information, and incidentally allows one to keep fresh the friendships of former days, as well as to form new ones. Or again, we may combine holiday with instruction by attending some of those foreign congresses which meet periodically at various centres.

Original Work.—Besides this, it is expected that every medical man will do his utmost to further the advance of his profession. Opportunity is open to every doctor to do this in some way or another, and in the manner which appeals to him most. He ought to cultivate that subject in which he is most interested, and by frequently adding to observations and facts, he may at length be able to produce some work of value to medical science.

> " No profit grows, where is no pleasure ta'en ;
> In brief, sir, study what you most affect."

Lord Bacon held " every man a debtor to his profession ; from the which, as men of course do

seek to receive countenance and profit, so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto."

Though the general practitioner can never meet with that wealth of material which comes to the specialist at the infirmary and privately, yet he is constantly seeing cases of great interest. Though it may seldom be of importance to record a single case, yet if the practitioner has taken notes of each case as it came under his care, he may be able in course of time to collect such a number as to be able to generalise from them and so make a valuable contribution.

He has, moreover, the advantage over the hospital physician, in that he is able to follow each case up to its termination and can note the manifestations of the disease as it recedes or progresses.

Politics.—If one were to take particular interest in politics, then one might waste hours in reading the speeches of one's favourite politician to the detriment of one's work.

I am strongly of opinion that the medical practitioner should not take an active part in politics. His work brings him in contact with people of all sorts of beliefs as regards form of government, and it is wise for him not to enter into any sort of controversy with them on such matters of opinion. If, for example, the doctor is known to be a Unionist, he will hardly be a *persona grata* to a Radical or Socialist ; while if, on the other hand, he is a person of pronounced socialistic opinions, he will hardly find a welcome from those of the opposite persuasion. One may well doubt as to whether it would be for

the benefit of an Irish patient's health that the doctor should argue energetically against Home Rule or that he should enter into an acrimonious discussion with an invalid Free Trader regarding the benefits of Protection.

While holding his own opinions on politics as firmly as any one, he should keep these to himself and not parade them before his patients. If he does he is bound to annoy and aggravate some, and this will not conduce to the harmonious working of his practice.

Religion.—It is a curious fact that a large proportion of medical students begin to treat their early religious beliefs somewhat lightly during their first or second years of medical study. It seems to have little effect on them, whether they have been carefully brought up at home and instructed in the truths of Scripture or not.

This change in their mental outlook is very largely due to their superficial study of biology, and to the idea that the wonderful and progressive rise in plants and animals from simple structure and function to those of complicated construction and function is in conflict with Biblical truth. They imagine that this so-called evolution upsets revealed religion and that the materialistic attitude is the only logical form of thought.

Later on, however, in their curriculum, when they are brought intimately and constantly into contact with disease and death, this phase of agnosticism passes off to a large extent, and a more sane and healthy state of mind is reached by the young practitioner.

We may take it as true that medical men on the whole are a religious body of men. Their profession leads them to take an earnest view of "life, death and the great hereafter." You do not find many Atheists amongst those who are brought frequently into contact with persons at the crises of their lives. Materialists are found amongst those who evolve systems of social amelioration in the privacy of their studies and then proclaim them on the platforms of the Free-thinkers. They may have been impressed by the social inequalities of their fellow-workmen and by the apparent inadequacy of the rewards, but they are seldom conversant with the prime factors which bring man close to God—birth, death and disease. He who in the quiet of the country "looks through Nature up to Nature's God" sees His work in everything and feels His presence everywhere, as do also those whose life-work is passed in cities amidst the sorrows and sufferings of their fellow creatures. These observers see His works, but none can tell what is the ultimate object of all the toil, sorrow, and cruelty which is the lot common to man, animals and plants.

It is the duty of the medical man to act up to his religious belief and to respect the beliefs of his patients if they are opposed to his own. The doctor who treats the spiritual aspirations of his patients in a frivolous and flippant manner will certainly not increase his own tranquillity of mind, and deserves to lose his patients. He ought to remember

> "The unseen power whose eye
> Hath looked on no religion scornfully
> That man did ever find."

In most villages the clergyman and the doctor are looked up to as the leading men. Strive, therefore to fulfil this expectation. Associate yourself with the clergyman in every good and useful work ; he will be only too thankful for your help. Let your attendance in God's house be as frequent as possible. The habit of abstention from the services of the church is easily acquired, therefore do not put yourself in the way of attaining it. The great majority of practitioners could attend at least one service on Sunday if they really had the desire. If you have so much work to do on Sundays as well as on weekdays as to prevent your attending church, then your practice is too large, and you require either to assume a partner or engage an assistant, else your physical health will decline as will have already happened to your spiritual development. No man should be so foolish as to starve his soul in order to fill his pocket. Socrates put the question long ago, " Are you not ashamed of being careful for riches, glory and honour, but are careless and thoughtless as regards wisdom and truth, and for your soul, how it may be made more perfect ?"

Apart from the pleasure of attending our holy services, we Christians believe it to be a religious duty. No man was ever the worse for attending church, and beware of the man who says that he is as good as any church-goer, though he never enters a church door. He may undoubtedly be so, but the odds are all against him, and in practice it is seldom that we can say, " Thy actions to thy words accord."

Then as to bringing up your children. Even if you

have no religious convictions yourself, never on any account allow the want of them to influence your conduct towards your offspring. Do not deny them every advantage of religious training and precept.

Should your children at maturer age follow your example, you will at least have less on your conscience, in that you did not prevent them from knowing about God. What if you were wrong and that Christianity were true! What would your feelings be then to have defrauded your children of what should be common to all—happiness in this life and assurance for the next.

We constantly hear it said that ours is a noble profession. If this, indeed, be true, it must lie in the splendid opportunities which it affords us of bringing into the lives of the poor and suffering the brightness of our Christian faith. It is not in the very least necessary that we enter their homes in the *rôle* of the preacher, but surely the kindly word of comfort or direction, of counsel or of sympathy will do more to uplift the unfortunate and the suffering than the doles of charity or the shibboleths of creed.

Never assume the robe of the sanctimonious. The oft-quoted text of scripture and the suave humility form too often the cloak of the hypocrite. As a medical attendant you are brought into more close relationship with your patients than is the clergyman; your patients stand less in awe of you than they do of him, and just in so far will your influence be greater perhaps than his, as will also be your responsibility. By your kindly and inspiring words you will often be able to encourage the weary, to

restrain the erring and to support the dying. Make the most, therefore, of those opportunities which come to medical men far oftener than they do to other workers, and let your visits to the sick not merely afford relief to the body but comfort to the mind and solace to the soul.

"Live and be happy in thyself, and serve this mortal race, thy kin, so well that men may bless thee."

CHAPTER VIII

EXAMINATION OF THE PATIENT; TAKING ON NEW PATIENTS, ETC.

Examination of the Patient.—Almost every patient when he first sees his doctor is nervous and anxious. Having allayed this and got him into a calm and tranquil frame of mind, the doctor now proceeds to make careful examination into his case, first by question and answer and then by physical examination. It is advisable to take a few brief notes of the case as you proceed, so as to keep a more or less permanent record. If you delay and endeavour to rely on your memory to make this summary in the evening, you will find that it often fails you or no later opportunity of recording your impressions may present itself because of other pressing business.

Let your examination of the patient be complete and thorough and satisfactory to yourself. Your duty is to diagnose what disease your patient is suffering from, as well as to estimate the stage at which it is, and this can only be done by a thorough application of clinical methods. Perhaps you hear numerous very audible rhonchi and râles in the chest; do not rashly conclude that he is suffering from bronchitis alone, there may be patches of consolidation present also, or valvular disease of the heart, or such other diseases as diabetes, nephritis, etc., may complicate

the case. Only a very careful investigation will reveal all that may be present.

On the other hand, if the patient is obviously very ill, we must limit our examination to what is absolutely necessary for diagnostic purposes. We must not subject him to the perhaps dangerous exertion of making a detailed investigation. I remember one case in which a well-known specialist was examining the chest of a man far advanced in phthisis ; he had asked him to turn over on his face so as to examine his back, and when he had done so, he requested him to take a deep breath. On the patient not responding, we looked at his face, only to find that he had died from the strain of the examination and the exertion of turning round.

One ought not suddenly to announce to the patient that we mean to employ some new method of diagnosis or treatment. Most patients have a fixed objection to be " experimented upon," as they term it. If it is your own discovery, then certainly you will try its effect on some unfortunate, but if it is another's discovery, then he will have made his own investigations and you are not then making new experiments, except in so far that with every patient the exhibition of a drug new to him is an experiment. I remember a young enthusiast who, seeing for the first time a lady suffering from weakness of the legs, stated that he would return next day to perform a lumbar puncture, to verify his diagnosis. Needless to say, he did not get the opportunity, as the patient had meanwhile sent for another doctor who was less heroic in his methods of investigation.

Patients, and especially nervous patients, require to be treated with great tact. One must lead them gently from one investigation to another, and, unless the case is one of great urgency, there ought to be no undue hurry. After a few days, when the patient has confidence in you, then you may intimate to him or to his relatives what further methods of investigation you mean to employ, or you may suggest the advisability of obtaining the opinion of a specialist or of a surgeon to do this for you.

Taking on your List New Patients.—When you receive a summons to call on a patient, it is your duty to find out how long he has been ill and whether he has already been attended by a doctor. If he has, then you expect him to give you a reason why he has discontinued the services of this medical man. The reason may be quite a good one, as, for example, the distance is too great for the old man to travel; the family desire to have a doctor close at hand because their mother is subject to sudden attacks of illness, and so on. In such a case, the patient or one of his family must intimate to the former medical attendant the reason why he is transferring his patronage to another doctor. If you take over the case, it is your duty to intimate to the doctor that you intend to do so, if he has no objection. He will probably give you a history of the case and how he has treated it. In the transfer of patients all should be done openly and above board.

The family may, however, have quarrelled with their previous medical attendant. If called to visit them, then you must communicate with him by telephone, call or letter and intimate the facts He

may be able to give you valuable information, not only as to their diseases, but as to their eligibility as patients.

It is not only a very unwise, but also a very unfair proceeding to take over patients from other doctors without reason, and without first acquainting them with the fact. Of course, no doctor with any self-respect would wish to continue professional services to a patient who has shown obviously that he would prefer another medical attendant. To take over attendance on a family without their being able to give an adequate reason why they wish to terminate the services of the former practitioner is, from a medical point of view, a grave breach of medical ethics and would receive general disapprobation. The patient may make statements regarding his former medical attendant as to his neglect, incapacity and so forth. Accept such assertions with great reserve and always hear what the doctor has to say. This may alter the appearance of circumstances entirely. Yet again it might be asked, why should patients not change their doctor if they wish? They may not be able to give any very adequate reason. They may say that they do not like him; that they feel no confidence in him; that his treatment has done them no good; that he pays far too many visits, etc. In other words, mutual confidence is lacking between patient and doctor, and if so, from both points of view a change of medical attendant is desirable.

Having found the reason why the patient has terminated the attendance of the former doctor, and having communicated with the latter, then it is

allowable for the doctor to receive the former as a new patient.

If, on the other hand, the patient had wished to call in the services of another doctor because, perhaps, the former attendant had insisted on an operation as one of necessity, and the new doctor finds by questioning that in his opinion the operation was imperative, then it would be acting in an unprofessional manner were he to take on the patient, seeing that he concurs in the treatment which the former doctor had advocated.

No medical man likes to lose a patient, and if we take another practitioner's patients, no matter how conscientiously we may have acted, he will undoubtedly feel a certain amount of resentment against us, and one can hardly expect him to exhibit an altruistic spirit towards us, even though his loss was our gain. No doctor can be long in practice, however, before some of his patients leave him, and it may be that we only hear long afterwards, and perhaps accidentally, that another practitioner is attending them. The latter has probably not given himself any trouble or worry about receiving them as patients, having probably suffered in like manner from the loss of his own patients. It is much to be deplored that certain practitioners have such low ideals of their professional obligations. When such annoyances come to us, the only way to meet them is to look on them " in the calm lights of mild philosophy " with an equable frame of mind, and not to allow such happenings to upset the orderly course of one's life. Such events happen to the best as well as to the worst doctors, and so, being the lot

common to us all, we ought to bear it with equanimity. The vexatious circumstance which is usually present is that it is those patients upon whom we have bestowed more abundant care and who have given us most anxiety who leave us in this unsatisfactory manner.

Let me warn the young practitioner not to fall into the evil habit of taking patients without first notifying their former medical attendants, even though the latter may not have had the courtesy to inform you that they had appropriated some of your patients.

It is only by living your professional life in a thoroughly upright and honest manner that you will be able to derive satisfaction from it and win approbation from your conscience. Do not be discouraged when you find that your neighbours are not acting in the same way towards you, and when they may even be despitefully using you. Though you may feel for a time hurt and aggrieved, never retaliate, and least of all by the methods which they have employed, else you sink at once to their level. Keep always in front of you " the passionate bright endeavour," and obey the golden rule that whatsoever you would that men should do unto you, even so do unto them. To forget a wrong is the best revenge.

It is only by keeping a high standard of duty and, consequently, of professional etiquette before you that you will win the respect and love of your patients and earn (what is much more difficult) the approval of your fellow practitioners.

Retiring from a Case.—Sometimes you may feel

that you and the patient are not *en rapport*. You instinctively feel that he has no confidence in you or in your treatment. If you feel that this is so, then your wise course is to speak out plainly and tender your resignation as his medical attendant; he himself may not have had the courage to dismiss you. On the other hand, he may protest that he had no intention of conveying such an impression to you or that he did not mean to offend you, and so on. Having made up your mind, however (for the doctor may lose trust in his patient as well as the patient in his attendant), keep to your resolution and you will find it the best in the end. Unless there is mutual confidence between patient and doctor, the case is most unsatisfactory to both and should be ended. Not only will you ultimately lose him as a patient, but he may exert a bad influence on other patients of yours, and so from every point of view it is at least diplomatic to act as I have indicated. No practitioner should ever allow himself to be insulted by a patient or even treated with contempt, and more especially when he feels that he has done everything in his power for the benefit of that patient. It is only consistent with the dignity which we owe to our profession and to ourselves that we courteously retire from further attendance on such a case. We must, of course, have made sure that the patient is not suffering from any disease of the mind, because some of these cases are exceedingly difficult to treat and their behaviour to their medical attendant is often highly insulting.

Where one's medical advice is not followed, is another reason why a medical man may feel it

incumbent to withdraw his services from a patient. In any case, however, he should intimate his intention, and state the reason for his doing so in writing. The importance of doing so is shown by such a case as the following : An ophthalmic surgeon had repeatedly urged a patient to have an injured eye removed, as he feared the onset of sympathetic ophthalmitis in the sound eye. His advice was not followed, but when the patient was taken to an hospital, another surgeon removed the eye, though too late to prevent total blindness supervening. The first surgeon had to pay £3,000 as punitive damages, as he had not made legal proof of his insistence on an operation.

CHAPTER IX

ETIQUETTE OF THE SICK ROOM; CONSULTATIONS; FEES; RENDERING ACCOUNTS, ETC.

Etiquette of the Sick Room.—On paying a first visit to a patient, it is usual to be received by the husband, wife or parent in a public room, when one receives a brief account of the illness. Do not allow this interview to be prolonged, as most of it will be gone over again with the patient.

On entering the sick room, you ought to shake hands with the patient and with any other relative who may be present and introduced to you. It is sufficient to bow to the nurse, but very injudicious on your part to take no notice of her, as well as being very impolite; to make a good impression on her may pave the way to your acquisition of future patients, as she often has very great influence.

Listen to the history of the case; ask any questions relative to it; make your examination thorough and complete; tell the patient what is the matter with him; give him a general prognosis; add a few words of general conversation; then shake hands with him, and, bowing to the others, you leave the room. You will probably require to give instructions to the nurse or attendant, who will have accompanied you out of the sick room. You do so in another room, where also you will write out a prescription if such has been required. Make your

instructions clear and see that the nurse or attendant thoroughly understands what she has to do in the interests of the patient. It is always advisable to state when you intend to pay another professional visit. It is unsatisfactory to yourself, to the patient and to the relatives or nurse when you pay your visits in a haphazard manner. If so, you may arrive to find the patient asleep, the nurse out, etc., and such a visit is eminently unsatisfactory. Let them know when to expect you and they will then be prepared for you.

As patients are often either suspicious or jealous you ought not to indulge in long conversations with the nurse or other attendant outside of the patient's room. They often imagine that you must be talking about them and discussing their demerits. They feel aggrieved that if you have so long a time to spend it is not passed with them either to the profit of their health or to their amusement. Remember that your visit is being paid to the patient ; therefore make your interview with the nurse as short as possible ; otherwise you are showing discourtesy to the invalid.

What to Tell the Patient about his Illness.—It is often rather a difficult matter to judge just how much you ought to tell the patient. If you treat his illness lightly he may take a similar view and neglect to take sufficient care of himself. On the other hand, if you talk seriously to him about it he may become depressed and take a far too gloomy view of his trouble.

In cases of very serious illness the patient may ask your opinion of his case. Without unduly alarming

him you tell him what he is suffering from, but that probably in a day or two he will be much better. If, however, you notice that the patient is of a very nervous temperament, or where you have been previously warned not to tell the patient what disease he is actually suffering from or how dangerously ill he is, then one ought to refrain from telling the bare truth. Some prevarication may be required, but one can usually tactfully retire without giving much information to the patient while yet seeming to give a full answer. In cases of grave illness one must remember the great therapeutic value of hope. You ought to encourage your patients by every means in your power and so help to hasten their recovery or, at least, make their illness less trying to themselves and their relatives. Even in advanced cases of cancer or phthisis this element of hopefulness will tide the patient over many weeks, and what otherwise might have been a long-drawn-out misery may be shortened to a very great extent.

On the other hand, it would be unkind, unwise as well as untruthful to hide from a dying patient the fact that this was so. He might wish to see certain relatives, make business arrangements, execute his disposition, and so forth. If we neglected the painful duty of informing him truly as to his condition, all these duties might be left until too late and grave harm might result as a consequence. It is seldom, however, that we are called upon to perform this unpleasant duty. It is usually done by some one closely related to the patient, and so the way is made easier for us, as we have only to confirm what has already been made known to him.

Unless in the case of nervous patients who are inclined to exaggerate their ailments, it is never wise to minimise an illness either to the patient or to his relatives. To the patient, the one supreme fact in life for the time being is his illness. It is the duty of the doctor to explain to him as clearly as he can what is really at fault and how long the probable duration of the trouble will be. One ought never to tell a patient of the possible complications which may arise in an illness such as his. After all, they are only possibilities and may not occur in his case. In the same way, we would only alarm him unnecessarily were we to tell him of the future course of his present illness. "Sufficient unto the day is the evil thereof." The disease goes on from day to day and its course is unfolded gradually to the sufferer without causing him undue alarm. In the case of nervous, hysterical or neurasthenic patients, it should be your endeavour to explain to them the nature of their trouble so as to stimulate them to help their own recovery. Employ your psycho-therapeutical powers and impress on the patient the benefit of self-determination in the cure of his affection. To such a patient his illness is a real and absorbing trouble, and the doctor who treats such cases in a light-hearted manner will assuredly make few cures and gain little reputation.

We may bear in mind the wise directions of Roger Ascham: "Use not to lie, for that is unhonest; speak not every truth, for that is unneedful; yes, in time and place, a harmless lie is a great deal better than a hurtful truth."

Consultations.—Very often the practitioner finds

it necessary to call a consultant or specialist to see his patient. Sometimes you wish his help for your own satisfaction—to diagnose a difficult case, to confirm your diagnosis and treatment or to suggest some other line of treatment. On the other hand, the patient or his friends may have hinted that they would like a second opinion. It is wise never to neglect such a hint; indeed, one ought never to wait for such a suggestion; you ought always to forestall it, and it is very rare to find the patient or his friends unwilling to accede to the proposal. If you wait until patient or friends demand a consultation, you will have put yourself in an awkward position should the consultant order a different line of treatment or if the patient should die. If you are confident in your diagnosis and treatment of the case, then if you are right, you will only be supported in these by the consultant. If you are not sure in your own mind as to the nature of the case, there is all the more reason why you should have another medical man to help you.

On the other hand, the young practitioner is often too much inclined to invite a consultation. This may arise from lack of confidence in himself, but it certainly does not impress the patient or his relatives in your favour, if they see no definite reason for it and if the patient be not seriously ill.

A consultation is only required when the case is not going on favourably; either the patient is getting worse or he remains much in the same condition from day to day without appreciable change; it is also advisable in grave cases where the disease is likely to end in death.

If we think that the case is one suitable for surgical interference, then we call in a surgeon for his opinion. A specialist may be necessary in cases where the disease affects special organs or structures or where we think it may be the result of residence abroad. Therefore the specialist may be one conversant with nervous, mental, gynecological, tropical diseases, etc. It will seldom happen that the name of a practitioner suggested by the patient as a consultant is not acceptable to you. If you have any definite reason for not meeting him as such, tell the patient that you prefer not to meet him (but you need not tell the reason, as it might be to his prejudice) and suggest some one else.

Formerly, a medical practitioner would not meet in consultation one who practised homeopathy. Now, however, a much greater licence is allowed, and it is quite usual to meet in consultation those who hardly fulfil our ideas of conforming to the generally accepted principles of medicine. Thus, homeopaths, osteopaths, psycho-analysts, etc., may all be consulted as long as they hold qualifications enabling them to have their names on the Medical Register. It may be that you neither agree with the diagnosis nor treatment suggested by the consultant. It is your duty to state to him your own opinion and tell him that you disagree with his finding. No doubt a friendly discussion will end in compromise, so that you can tell the patient and his friends on what you agree regarding the case. On no account tell him or them the points on which you differ. To do so would only create doubt as to the diagnosis of each of you and might well lead to a

third practitioner being called in and your further services dispensed with.

It is very bad taste to inform the patient later, when the consultant has left, that you disagree with his diagnosis or treatment. You will not increase your professional reputation in the eyes of your patient, and again will merely raise uncertainty as to the two conflicting opinions. We should invariably act honourably towards both our colleagues and our patients.

No reputable doctor having been called in as a consultant would ever think of taking over the patient and attending to him, though practising doctors acting as consultants are not infrequently invited, and even urged by the patient or his relatives to do so. It would be an unpardonable breach of medical ethics to do so.

It is by no means uncommon for a patient to call on a consultant or specialist without the knowledge of his own medical attendant. In such cases the consultant should point out to the patient that it is very irregular for him to see patients unless introduced to him by their own attendant and furnished by him with a letter of information. If he does elect to examine him, however (though this is also a breach of etiquette), he must tell the patient that he will write to his medical attendant and inform him that he had called for advice. In this letter he will explain the grounds of his diagnosis and outline the treatment to be followed. The consultant ought not to prescribe for the patient, he ought to let the private practitioner do so. It by no means furthers a brotherly feeling between medical men when

consultants prescribe for and treat patients quite apart from their own medical attendants. Such consultants do not benefit in the long run, as medical men cease to recommend their patients to them. The term "consultant" means one who consults with another medical man, hence, if he does not do so, then he becomes an ordinary medical adviser and loses that prestige which ought to go with the vocation.

Etiquette of the Consultation.—Having discussed the matter with the patient or his relatives, and having suggested the consultant or specialist whom you think would give the best opinion regarding the particular disease from which the patient is suffering, and having received permission to invite him, it is your duty to communicate with him. You arrange with him a day and hour suitable to you both for the consultation. You must then intimate to the patient the time when the meeting is to take place. You ought to arrive at the patient's house a little *before* the appointed time, as you must receive and introduce the consultant to the patient. It is very annoying for the consultant to arrive and find you not there, as he has to wait until you come before he can see the patient. It would neither be polite nor wise of him to see the patient before you came, as you might have wished to communicate some fact of importance which you wanted him to investigate.

Presuming that you have arrived in good time, you await his coming in one of the public rooms, drawing, dining-room or parlour, but *not* in the patient's room. On the arrival of the consultant

you receive him there and give him a short account of the patient's illness and your treatment of the case, as well as any fact of importance, *e.g.*, family history, alcoholic excesses, etc. It is advisable that no relative be present at this interview.

You then precede the stranger into the sick chamber and introduce him to your patient and to his wife, or any immediate relative who may be present. It is your duty to remain in the room during the whole examination in order to give any further information which the consultant may require and to help him in any examination he may make. It is discourteous of you to indulge in conversation with his wife or other person while the interview is going on.

When the examination is finished both you and the consultant retire to another room in order to confer regarding the case. When you have both come to a decision as regards diagnosis and treatment, the consultant then returns to the patient and either tells him what his opinion is, or, if this is not desirable, talks to him in a guarded manner. Although desirable, it is not absolutely necessary that you be present during this interview. If the patient himself is not to be told of his actual condition, then his wife or other relative having charge of him is summoned to your conference room, and is informed by the consultant of the true nature of the illness, of its probable prognosis and the treatment to be carried out. If the latter is important, then the nurse or attendant should be given instructions apart from the patient.

On leaving, the consultant should shake hands

with the patient and with his nearest relative. You may accompany him to the door in case there is anything else he may wish to tell you. You should then return to the patient and explain to him, perhaps more fully, the result of the conference. You are entitled to charge an extra fee in cases of consultation, as it may have occupied much of your time. It is usual to charge four times the amount of an ordinary visit.

If a prescription has to be written, it is better that this should be done by the consultant or that, at least, he should dictate what drugs he wishes the patient to have as well as the dosage. If the medical attendant writes the prescription, then the patient or his friends may imagine that he prescribed his own drugs and not those recommended by the consultant.

It may be, however, that neither diagnosis nor treatment can be given on the occasion of the visit, as an analysis or further investigation may be required. In such a case it is the duty of the consultant to communicate with the medical attendant later on when he has obtained the results of the analysis or of the further investigation, as to what is his opinion of the patient's illness, and as to the prognosis and treatment.

The consultant's fee is paid to him at the end of his visit either by the patient or his relative, or by you on his behalf.

As regards the question of modifying this fee to suit the pocket of the patient, I have generally found consultants most willing to reduce the fee to your patient's ability to pay as known by you.

One has no right, however, to ask a leading consultant to see some poor patient who may hardly be able to pay any fee at all. The proper place for such advice is at the hospital or infirmary. In cases where the patient is confined to bed, a junior specialist is almost always willing to give his services at a reduced figure in cases of real necessity.

In cases where there is no urgency, you ought to allow the consultant to fix his own time, so that he may see your patient on some day and time when he is least busy, and in the case of a poor patient the modification of his fee will not cause him undue financial loss.

The consultation may be at the specialist's own house, and this is often much more satisfactory if the patient is able to go there. He may have appliances and methods of examination at his own consulting-room which cannot be carried about. A much more accurate diagnosis can thus be made, and it lies with you as the medical attendant to advise this manner of getting a second opinion when you think it necessary. You may accompany your patient to the consultant and give him all the information you can, or if not, then you must send a letter explaining the case either before the patient calls or, at any rate, along with the patient. In any case, the consultant will write to you or com municate with you by telephone, and tell you his diagnosis and advise as to further treatment.

Urgency Visits to Patients of a Brother Practitioner.—It is a common event to be called upon to make an emergency visit to the patient of a fellow practitioner who is not accessible. He may have

departed on his round of calls, he may have been called to the country, or in some way he is prevented from attending.

As a rule you will attend to the urgent message at once and do your best for the patient until his own medical attendant is able to take up the case. On his return, you must acquaint him at once with the fact of your having been called, and at the same time tell him what you have done for the patient. On no account continue to visit the patient after his own doctor is available.

In such cases it is desirable that you should not commence any new line of treatment or alter the medicine which his own doctor has been giving unless there is a very good and decided reason.

It is almost needless to state that you must act in the most honourable manner towards your brother practitioner; make no comments to the patient or his relatives on his mode of treatment, even though you may disagree with it, and utter no remarks which might in the slightest degree reflect on his conduct of the case.

The patient may request you to continue your attendance until his present illness has terminated, but on no account do so; it would be most dishonourable and would land you in conflict with his own medical attendant.

You are really entitled to half the fees payable during your attendance, but it is very seldom asked, as most likely you will find yourself under a similar obligation to the same doctor at another time. If you have been called to a midwifery case in the absence of the family practitioner, you are

entitled to, and should usually ask for, half the fee agreed on between the patient and her doctor. If the case has been tedious and has occupied much of your time, or if it has required more than the usual skill (forceps, turning, etc.), then you should get more than half the fee—most probably two-thirds.

Fees.—The fee which a doctor will charge for his professional services will naturally vary with the social position of the patients whom he attends. Of late years the relative value of money has undergone a great change, and what was formerly reckoned an adequate fee is by no means the case now. Likewise, the distribution of money has undergone change also. Previous to the War the wage-earning classes were considered amongst the poorer classes, and those of them who were not insured persons were charged low fees by their medical attendants. Now the wage-earning classes might almost be considered wealthy, as their expenditure is very small compared to that which the middle classes are called upon to disburse. It seems almost ridiculous that men earning from £4 to £8 per week should still get medical attention practically free, being insured persons under the National Insurance Act.

While one might very reasonably charge a working man earning, say, £4 per week, 3*s.* to 4*s.* per visit to the members of his family, one might be inclined to reduce this in the case of a bank or insurance clerk earning a like salary, seeing that he has to live in a good house, dress well and pay for the education of his family. It might be stated, however, that as a rule the working man has a larger

family and that the doctor's fees for professional services might press hardly upon him; to this objection we rejoin that he lives in a much cheaper house, his family is educated gratuitously, their clothing need not be expensive, and if they are ill they can be treated in the hospital or infirmary. With patients in the middle or upper classes one must exercise his own judgment, but fees may vary from 5*s.* to 21*s.* per visit.

In cases of prolonged illness it is usual to make a reduction in the total amount. When daily visits are paid over an extended period, the fees accumulate to a large sum and, in the case of widows or of persons whom you know are not well off, this sum ought to be modified accordingly. He may be an excellent doctor in a professional sense, but a poor one in sympathy and brotherly feeling who will not reduce, or in certain cases dispense entirely with fees in cases of known ill-fortune.

As a rule, double fees are charged for night visits, and a fee and a half for special visits, *e.g.*, passing catheter, opening abscess, etc. If a visit lasts longer than half an hour an extra fee is charged, and if the employer requests one to attend his servant a fee of 3*s.* 6*d.* is usually charged for each visit. The fee for consultation at one's own home, by letter or telephone, are all chargeable at the same rate, but most practitioners make a modification in fee for advice given by telephone.

When one sees more than one patient in the same house it is usual to charge only half the fee for each of the succeeding invalids.

Patients suffering from venereal diseases are

often crafty and endeavour to get your advice and treatment and then depart without paying. As the cost of material for the modern treatment of syphilis is expensive, it is wise to get the prospective patient to pay a sum in advance before you commence, to cover the whole cost of drugs and of your professional services in connection therewith.

In the case of patients who call casually for advice, either get payment from them at the time or secure their name and address.

Midwifery Fees.—As a rule an inclusive fee is charged for attendance at the confinement and during the puerperium. In simple, uncomplicated cases fees vary from three to twenty guineas, depending on the social position of the patient, but in complicated cases (forceps, version, etc.) you are at liberty to increase these considerably.

Specialists' Fees.—It is well known that surgeons and specialists are in the habit of charging very high fees for operations. It is only right and just that they should be paid well for their skill, but as a rule the sum charged is out of all proportion to the services rendered or the amount of skill displayed. The common argument in their favour is, that for several years they earned little or nothing and yet worked hard at infirmaries or hospitals. They must remember, however, that they were then serving their apprenticeship as surgeons, and it is unusual for learners in any branch to receive payment. There is nothing special about surgical handicraft, and, given opportunity, a large proportion of medical practitioners would turn out excellent surgeons.

The leading surgeons are perhaps justified in

charging large fees for consultations and operations, because only by so doing are they enabled to limit their work.

It is the younger surgeons who err in making exorbitant demands, and it is very largely owing to them that the medical profession is threatened with the imposition of a State medical and surgical service.

The general practitioner knows only too well the financial straits into which families are cast by the illness of and subsequent operation on the head of the house. In my opinion it is scandalous that the unfortunate sufferer has either to make choice of receiving gratuitous services in a hospital or having to pay large sums to the surgeon as well as to the nursing home, because it is seldom that a surgeon will operate at the patient's own home. The unhappy medical attendant has often to forego his fees altogether so that the surgeon and the nursing home may be paid.

Junior surgeons charge, as a rule, but little less than that asked by operators of repute. It would be well, therefore, that surgeons should look into this, and revise their scale of charges, making their fees more suited to the nature of the operation as well as to the class of patient.

Gratuitous Services.—Every medical man attends a large number of persons from whom he neither expects nor gets any fee or reward. Amongst this class will be the widows or orphans of former medical colleagues, patients who were once able to pay, but have become very reduced in circumstances, etc.

It is usual to attend the clergyman (and his family) of the church you attend without presenting

any account. He may send you a gift at Christmas as a mark of his gratitude, but this is by no means an invariable custom and you ought not to expect it. Besides this, most of the clergy are financially in difficulty owing to the smallness of their stipend and the lessened value of money. This rule of gratuitous attendance does not apply to clergymen of other churches who may be your patients, but where you know that they are not well-off you ought to render a modified account.

Then you would never expect to be paid for any attention you may have given to a brother practitioner or his family. It is, however, much more the custom for such patients to present you with a gift on recovery from their illness, and it would be most ungracious on your part to refuse it unless it took the form of money.

All other persons (unless by your own free will) are expected to pay for professional services, and, indeed, you ought to cut down your "free list" as much as possible. With the exceptions above indicated, you ought to present a bill to every patient; you may make it as small as you like, but it gives a feeling of independence to your patient to have paid your bill. It is not unusual for a patient to tell you that unless you make a charge he will not be able to send for you again; so we ought surely to oblige him and by so doing we enrich ourselves, confirm him as a patient and increase his own self-respect. A young practitioner often finds a shyness in accepting payment from patients who consult him at his own house, and may even go the length of refusing it, thinking that he has done little or

nothing to deserve a fee. One ought never under such circumstances to refuse a fee—it is a payment not only for skill, but for time occupied ; besides, to refuse it seems almost a slight to the person proffering it. Make no fuss about the fee, but take it as a matter of course unless you know that the person is too poor to afford it.

Rendering of Accounts.—Medical men are proverbially bad business men. They usually delay sending out their accounts, and time slips by for six, twelve, eighteen months, and so on. There can be no greater mistake than this negligence. The longer you delay the larger will your bills for attendance mount, with the result that you either hesitate to make so great a demand, and end by cutting it down very considerably, so losing money, or the patient, finding it much beyond what he anticipated (for the memory for past medical attention is astonishingly short), demurs to the sum you have asked, or delays paying it, or, and not infrequently, leaves the district without paying it at all. In other cases, where you have deferred long, the patients may have left the district soon after your attendance ceased, and may have forgotten to ask for your bill before removing. They may also have forgotten to leave their new address, so that you are unable to trace them. You will lose much money in every way by not rendering your accounts at short intervals.

Accounts should be sent out every six months. The sums charged are therefore not large, the memory for kind and prompt attention is still green, and as a rule they are paid almost at once. Accounts

should be presented, even although you are attending the patient at the time. Unless this is done it will give rise to much inconvenience and disorganisation of your books. At first you will feel diffident to be attending your patient whilst your bill has been presented, but this feeling soon wears off and you treat it as a business matter.

If your account is still unpaid after the lapse of six months, you make a second request, and if this remains unanswered, you may then hand the matter to your lawyer or to some debts recovery society in order to collect what is due to you.

When a medical man's practice is amongst the better classes, it is unusual for his accounts to remain unpaid for any length of time, and thus the necessity for drastic action is seldom resorted to. In certain cases a patient may come or write, explaining the reason for non-payment. You may then either wait for the full amount, remit it in part or even in whole.

Being a registered medical practitioner you have the privilege of suing for payment in courts of law. It is pleasing to know that this method of obtaining payment of their accounts is seldom employed by doctors.

If your practice is in a shifting working-class population, you will be wise to present your account immediately or soon after you have ceased attendance on the patient. This may seem somewhat mercenary, but you will lose less money by following this advice.

Sickness, Accident and Life Insurance.—There can be no better investment for the young prac-

titioner than to insure himself against sickness, accident and death, and to do this at once after starting in practice for himself.

Even the most robust has no certainty of health ; at any time he may meet with an accident or be struck down by disease. As by far the largest proportion of doctors carry on their own practices—each being what may be termed an individual business—when he is laid aside his income practically ceases. He may, of course, prevail on his colleagues to carry on his work, but this cannot be done for any length of time even in towns, and in the country it is not possible. Illness or accident, therefore, means much loss of income, and when a *locum tenens* has to be employed, a large outlay has, in addition, to be faced each week. Every wise doctor will, therefore, insure himself against such contingencies. One can insure against the risk of accident alone, and in that case the yearly premium is small.

It is much more advantageous, however, to insure oneself against both sickness and accident, as the first is much more probable than the second. One can insure against a limited number of the more common illnesses, and in such a restriction the premium is less than when we extend the insurance to cover all illnesses. I think it is more advisable, however, to pay the extra premium for a complete insurance, as Providence does not allow us the option of any certain illness.

The yearly premium to be paid will vary, of course, with the age of the insured person on joining, and with the amount of weekly compensation to be granted. Thus in one insurance society one can, at

the age of twenty-five years, insure for a weekly payment of two guineas by paying a sum of £3 3*s.* 6*d.* per year, or four guineas per week for £6 7*s.* On joining at the age of forty-five years, these premiums would be £5 5*s.* and £10 10*s.* respectively. A larger weekly compensation can be obtained by paying a proportionately higher premium. As a rule, full payment is continued for twenty-six weeks, then half payment for the remainder of the incapacity.

On first commencing practice we may be content with a small weekly compensation, but as we get older we can increase the yearly premium so as to obtain a larger weekly compensation when laid aside.

By making this comparatively small yearly payment we relieve our minds greatly, because we know that, even if we are unable to work through sickness, a certain definite sum of money will be paid to us each week, and money is never more precious than when there is sickness in a household.

In the case of fatal accident a lump sum (usually £1,000) is paid to one's representatives.

Life Insurance.—Though, fortunately, the average duration of a doctor's life is relatively high, yet "Heaven gives its favourites early death." Much money has been expended on the medical education of the doctor, on the purchase of a practice, etc., and should untimely death be his fate, all this is lost. If the young man has dependants (mother, sister), or if he contemplates marriage, then most certainly ought he to insure his life on their behalf for as large a sum as he can afford to pay in yearly premium. In only too many cases young married doctors neglect

to insure their lives, with the result that, when unexpected death removes them, their wives and children are left often practically destitute. One might go the length of calling it almost a crime for a man to die and leave his wife without means to support herself, when it could easily have been avoided.

It is not necessary to insure so that the capital sum is paid only at death, though it is advisable to do so when one has a family. If there is no family, the capital sum can be repaid after a certain number of years—at, say, the age of sixty or sixty-five years, or when one's years of professional life are ended (*endowment assurance*). At that age this sum of money might be very useful, as, for example, in the purchase of an annuity for oneself or one's wife, or as an addition to one's income during old age. Of course the full sum assured would be paid in the event of death occurring at an earlier age.

From every point of view the only wise course is to insure oneself against sickness and accident, and for as large a sum as possible in the event of premature death.

One has to remember that the yearly sums paid as premiums for life assurance represent money saved, and also that no income tax is payable on these premiums, and this at the present high rate represents a great saving.

CHAPTER X

GIVING OF EVIDENCE IN COURTS OF LAW

THE young practitioner will not have practised long before he is called upon to give evidence in regard to some case.

He may be called upon to give this evidence in :— (1) Police courts ; (2) magistrates' courts ; (3) coroners' courts ; (4) quarter sessions ; (5) assize courts, or in Scotland, before the sheriff or before the High Court of Justiciary ; (6) in civil courts or in county courts.

The evidence he may be required to give in police or magistrates' courts may be in regard to drunkenness, insanity, etc. He may have to state whether a wound is dangerous to the life of the assaulted person, because, if so, the accused will not be liberated on bail. He may have to state whether a wound is likely to result in " grievous bodily harm " to the assaulted person. This may mean that the injury may incapacitate the individual permanently, *e.g.*, stiffness of joint, paralysis of extremities, or whether it will be disfiguring, and this might be of great moment to the assaulted person, as, for example, if she were an actress.

Coroners' Court.—A medical attendant has not infrequently to attend this court to give evidence as to the death of his patient. He must obey the summons of the coroner to attend (*the subpœna*)

under a penalty of a fine not exceeding £5. He may be required to give a full description of the last illness of the deceased, of the state in which the patient was when he first saw him, etc. He may be questioned as to the cause of death, or as to the external appearance of the body. The coroner may order him to make a post-mortem examination of the body to determine the cause of death. If there is any question of poisoning, the coroner usually instructs the medical man making the post-mortem examination to place the organs in receptacles, and he appoints an analyst to examine them. If nothing is said in reference to this, then it is the duty of the medical examiner to inform the coroner before he commences the post-mortem examination that he will not undertake to make a chemical analysis for poisons.

Should the coroner order a post-mortem examination to be made, then the medical man doing so must allow the ordinary medical attendant of the deceased to be present should he desire to do so, and also to bring with him a medical or surgical expert.

The medical witness at a coroner's court receives £1 1*s*. per day, and if he makes a post-mortem examination, he receives another £1 1*s*. He should be present throughout the entire inquiry. The coroner may bind over the medical witness to appear and give evidence at the assizes in criminal cases. In the Metropolitan area of London, the above fees are increased by 50 per cent.

No extra fees are paid for adjournments. No fees are payable to the medical witness in a coroner's

court if the death has occurred in a "medical institution," *e.g.*, public hospital, infirmary, cottage hospital, lunatic asylum, etc. County councils usually reimburse the doctor for travelling expenses.

Assizes, Quarter Sessions, Petty Sessions, Police Courts.—The fees payable to the medical witness at these courts are £1 11*s.* 6*d.* per day if resident within three miles or £3 3*s.* if over three miles, with third-class return railway fare, or not more than 1*s.* per mile one way if other conveyance be employed. If detained less than four hours only half fees are paid; thus, the usual fee in a police court is 15*s.* 9*d.* If you are engaged on two cases in the same court, the fee must not exceed £3 3*s.* per day. Unless a reasonable sum of money is first tendered to the medical witness to defray his expenses he is not bound to appear at any of these courts.

High Court of Justice (King's Bench, Chancery, Probate, Divorce Courts).—The fee is £1 1*s.* if resident in town, and from £2 2*s.* to £3 3*s.* if resident at a distance, with reasonable allowance for travelling expenses, but not to exceed 1*s.* per mile one way. The lower fee is paid in Probate and Divorce Courts if the witness resides within five miles of the General Post Office.

House of Lords.—Fee of £2 2*s.* per day with travelling expenses, as above, and £1 1*s.* per day for hotel expenses if away from home.

Court of Appeal.—Fee of £1 1*s.* per day if resident in London, and from £2 2*s.* to £3 3*s.* if resident at a distance, with reasonable expenses.

County Court.—Fees from 15*s.* to 20*s.* with £1 1*s.* per day as hotel expenses if absent from home. The

registrars of these courts may, however, increase these fees at their discretion.

In criminal cases the travelling allowances have recently been increased by 50 per cent.

Civil Cases.—The medical witness must arrange with the lawyer as to what his fee is to amount to.

In **Scotland,** the fees payable to a medical witness in the High Court of Justiciary are £2 2*s.* to £3 3*s.*, or in the sheriff court £1 1*s.* per day, or if he comes from a distance £2 2*s.* per day, with first-class railway fare and £1 1*s.* per day as hotel expenses.

For making a report as to the cause of death to the procurator fiscal the fee is £1 1*s.*, and for making a post-mortem examination and report £2 2*s.*

A medical man may be summoned to give (1) ordinary evidence in the same way as any other witness. He may have observed an accident and may be required to give evidence merely as to how it happened.

The fee payable for such evidence is in county courts 15*s.* per day, with £1 1*s.* for hotel expenses.

(2) More usually, however, the medical man has to give evidence of a technical or medical nature. He is then a skilled or expert witness and receives a higher fee, viz., £1 11*s.* 6*d.* per day if he resides within three miles, or £3 3*s.* per day if beyond this limit, as well as his railway fare.

In important criminal trials specialists are usually summoned to give evidence. The fees payable to them are arranged by the Crown authorities as the prosecution, and by the defendant's solicitor on the other side. They are usually one to two guineas per day, with one to three guineas for daily expenses.

In *civil* cases where medical evidence is required, the medical witnesses make their own terms with the prosecution and defence.

In *criminal* cases a medical man is a compellable witness and may be called by either side, who can ensure his attendance by serving upon him a *subpœna ad testificandum.* On receipt of this he must attend court on a certain day under a penalty of £100 in default, but unless his expenses for the whole period of attendance and other reasonable expenses (railway fare, hotel expenses, etc.) are tendered previously he need not appear.

Rules to be observed in Giving Evidence.—The value of taking short notes of one's cases is seen to advantage when one of these cases comes up later as a criminal inquiry or in a civil action. At the time we may not have thought that there was anything of a criminal nature connected with the case, but the notes taken then are held by the court as important and valuable evidence. On no account, therefore, destroy even rough notes which you may have taken, as they represent your opinion at that time, and unbiased by any subsequent happenings.

In the coroner's court the medical witness should be most precise and accurate in his statements. In many instances, especially in country districts, this court may seem to have little formality or importance. The inquest may be held in a barn, shed or coach-house, but it has to be remembered that it is a court of law and that all statements the witness makes are taken down in writing. Should the case go on for trial before the superior courts, the medical

witness will be examined and cross-examined on the answers he made to the coroner. Any discrepancies, mis-statements or withdrawals will be made manifest and the medical witness will create a very bad impression on judge and jury when former evidence has to be explained away, qualified or even retracted. Many coroners read over the evidence which each witness has given before he asks him to sign it. If this be not done, then the medical witness, if he has any doubt that the answers he has given do not convey the impression he desired, ought to ask that his deposition be read over to him so that he may amend or correct any statement he may have made before he signs it.

As soon as there is reason to believe that one of your cases is likely to come before the courts, then you ought to draw up a complete narrative of the case with extreme care and exactitude. You ought to make yourself master of every detail which is likely to come up in the course of examination. It is an unpardonable offence for a medical witness to forget names, dates, places, symptoms, etc. In regard to this particular case you ought to ransack your memory for every detail in so far as you were connected with it. On no account fill up from your own reasoning or imagination any hiatus. It may be quite wrong, and will be demonstrated so in cross-examination to your demerit. Commit the important facts to memory so as not to have to refer to your notes frequently. Read up all that the authorities say in reference to your case. It is often wise for a young man to seek the advice and guidance of older practitioners in regard

to the case. You must remember that counsel make themselves masters of the telling points, not only by their own reading, but by being coached by medical men who are often experts in the subject under investigation. You are, therefore, not meeting men who know nothing about the matter, but men who, for the time being at any rate, are thoroughly well up in the particular phase of medicine, surgery, obstetrics, etc., which is under discussion. It is the object of your opposing counsel to do everything to controvert your statements and to detract from your evidence ; his object is to get you to contradict yourself and to get answers from you favourable to his client. His questions are often irritating and what you may consider unnecessary. On no account, however, lose your temper. The cross-examiner wishes you to do so, because he knows that when you are angry your answers will often be rash, unreasonable and even untrue. Remember that he is working perhaps in the interests of the prisoner, and merely doing his day's work as you are doing yours. Keep a perfectly equal mind in the witness box and answer his questions courteously, simply, distinctly and briefly. The jury are laymen, and therefore you ought to translate all technical medical terms into words of plain English, so that they will clearly understand the evidence you are giving.

If you think that any question put to you may reflect on some other individual or might even incriminate them, you ought to ask the judge if it is necessary to answer it. He may disallow the question, and it is passed over. On the other hand he may not, and then you must answer it without

regard to whom it may injure. In civil or criminal courts " privilege " is not allowed. In many cases a private or written answer given to the judge will obviate any public statement. Counsel may demand an answer, " yes " or " no," to a question. Often this cannot be given ; if the examiner will not listen to your answer, then appeal to the judge to allow you to express your answer clearly.

Always make sure that you thoroughly understand the question put before answering it. Never volunteer evidence ; wait until you are asked for it. This is especially true in answering questions put by counsel on your own side. He may have reasons for not wishing to elicit the information you are anxious to impart. If you have any special information to give, then communicate it to him previous to your appearance in the witness box. Remember also that you must tell the truth ; you ought to have no brief on either side. You ought not to give answers favourable to the prisoner or against him if they are not exactly true. You have taken the oath " to tell the truth, the whole truth and nothing but the truth." When in the witness box your only duty is to state plainly, without prevarication, what you know as *facts*. Your opinion is altogether a different matter ; it is one for your own judgment, and may thus differ from that of another medical witness.

As the trial may not have come on until long after the crime, you are allowed to " refresh your memory " in court by referring to your notes. These must, however, have been made at the time or very shortly afterwards. If you have, therefore, made a clear

and distinct summary of the case when it was absolutely fresh in your memory, it will now be of the greatest value to you, in that it has correct names, dates, figures, etc. You must not, however, refer to these notes often, as this gives a bad impression regarding your memory of events. For absolute precision, however, it is well to have them with you.

Do not take text-books into court with you for the purpose of referring to them. You will probably not be allowed to use them, as it is your own evidence which is required.

CHAPTER XI

REGISTRATION, GENERAL MEDICAL COUNCIL; CERTIFICATES OF BIRTH AND DEATH

Registration.—The first duty which a young practitioner has to perform after having received his medical qualification to practise is to have his name placed on the official Register of medical graduates and licentiates. This he does at any one of the offices of the General Medical Council in London, Edinburgh, or Dublin, either by personal call or letter. He must exhibit his credentials, his diploma or licence, and, on paying the sum of £5, his name is enrolled on the list of duly qualified medical men. No further sum requires to be paid unless he desires to register additional qualifications, which he does on payment of £1 for each one. It is necessary to give a permanent address in case of official communications being sent, and one must keep the registrar advised as to any change in one's address.

It is absolutely necessary for every medical man to enrol his name in the Medical Register, as this is the only proof which the law recognises that one has been duly qualified to practise medicine and surgery. Only after registration can a medical man sign legal certificates, such as those dealing with birth, death, cremation, mental deficiency, lunacy, vaccination, Factory Acts, Workmen's Compensation Acts, notification of infectious diseases, National Insurance

Acts, Old Age Pensions Acts, sick benefit, insurance and friendly societies, excusing of jurymen, passports, etc.

Only duly registered practitioners are entitled to sue for their fees in courts of law. They are also exempted from serving on all juries or inquests.

The General Medical Council was constituted by the Medical Acts of 1858 and 1886. It consists of thirty-six representative members, and has, as its duty, the supervising of medical education, the keeping up to date of the list of duly qualified medical practitioners (the Register), and the preparation of the official Pharmacopœia. Twenty-six members represent universities and colleges, five are nominated by the King, and five are elected by members of the medical profession.

It acts as a court of justice also in medical matters. If any practitioner has been convicted of a felony or misdemeanour in England and Wales, or of any crime or offence in Scotland, or if the General Medical Council has found him guilty of infamous conduct in a professional sense, his name may be erased from the Medical Register, and he has then no legal standing as a medical practitioner. From this judgment there is no appeal.

"**Infamous conduct in a professional respect**" means any procedure which would be reasonably regarded by his professional brethren of good repute as disgraceful or dishonourable, as, for example :—

(1) Any medical man associating himself with any medical aid association which systematically canvasses and advertises for patients.

(2) Advertising with a view to his own gain,

or of employing agents or canvassers for procuring patients (*touting*).

(3) Employing unqualified assistants to attend or treat patients.

(4) By his presence, countenance, assistance, or advice enabling an unqualified person to attend or treat any patient, or to grant certificates of death (*covering*) ; thus, giving an anæsthetic to a patient so that an unqualified dentist might do some dental work would constitute " infamous conduct."

(5) Granting untrue, misleading, or improper medical certificates.

(6) Associating with uncertified women practising as midwives and issuing certificates, notifications, or other documents so as to enable such women, on pretence that these women were under their direction, to attend cases of child-birth.

(7) Immoral relations with his patients.

(8) The employment of unqualified assistants in the sale of drugs or poisons in any medical hall or shop kept by a registered medical man.

Almost all the recognised colleges or medical or surgical bodies may strike the name of any of their licentiates off their list for conduct such as the above. They must, however, inform the General Medical Council at once of such proceeding.

Advertising of Oneself.—It is almost unnecessary to state that no medical practitioner with any regard to his own reputation would think of advertising himself or his methods of treatment in the lay press. Neither, it is to be hoped, would he take other methods of bringing his name prominently before the public as a medical or surgical practi-

tioner, as, for example, by signing his name to bulletins in reference to the illness of some more or less well-known individual and allowing these to appear in public newspapers. This has been done, but unless in the case of royal personages it is a breach of medical ethics.

It is, however, pusillanimous to find fault with a medical man who allows his name to be published as on the staff of some hospital, infirmary or teaching body. The general public takes little interest in such notices, and few even read the list of names except medical students, for whose benefit they are printed.

Again, it is urged that medical men ought not to write letters or take part in discussions in the correspondence columns of the daily press under their usual signatures. It is ridiculous, however, to entitle this advertising. If the correspondence were of a controversial nature they might lose as many patients by their advocacy as they might gain others, though it is extremely doubtful if their epistles would have any influence on their practice. Of course, medical matters ought never to be discussed by medical men in the lay press, but surely medical men are not to be debarred from dealing with ordinary social questions in the usual way.

It would be a decided breach of ethics to notify in the public press that you had taken on a certain gentleman as assistant, or that you had assumed Dr. So-and-so as partner, or that you were retiring from practice and wished to intimate that Dr. A. T. had taken over your work and intended to continue it. All such purely personal matters ought not to be advertised. They ought to be intimated to your

patients by personal calls or by private circulars. It is usual for people in trade to publish such announcements, but surely professional people ought to avoid such public notices.

Certificates.—As these are frequently taken as evidence in courts of law, it is necessary that the medical practitioner should exercise great discrimination in granting them and care in filling them up. Should he grant an untrue, misleading or improper certificate, he may be prosecuted before the ordinary criminal courts. The General Medical Council may also adjudge him guilty of infamous conduct in a professional sense, and may give directions to have his name erased from the Medical Register.

Notification of Births Act, 1907.—By this Act the birth of any child (born alive or dead after the seventh month of pregnancy) must be notified to the medical officer of health within thirty-six hours of its occurrence.

This duty lies on the father or on any person in attendance on the mother and who has been present in the house at the time or within six hours after the birth. The medical attendant is therefore included, and in several cases he has been summoned and even fined for not notifying the birth. (The penalty for default is 20*s*.) This risk being present, it has become the invariable practice of the medical man after having attended a confinement to fill up one of the forms (obtainable at the office of the medical officer of health) and return it at once. No fee is payable for this notification, but as it is done in the interests of child welfare, it is willingly performed by the medical attendant. Illegitimate

children are notified under the name of the mother, unless the father acknowledges the paternity.

Dead Born.—You must exercise great care in giving these certificates if you have not been present at the birth. It is almost better not to give such a death certificate, but write and intimate the fact to the medical officer of health and give your own opinion. The midwife or the person present at the birth can make the declaration that the child was born dead.

Registration of Births.—Every birth must be registered in England and Wales within forty-two days of its occurrence, and in Scotland within twenty-one days, by either of the parents, the householder or any person present at the birth.

Certificates of Death.—No certificate of death should ever be granted by a medical man unless he has first seen and examined the dead body. This is absolutely necessary if you have not seen the deceased for some time previous to his death. Crimes have remained undetected by carelessness in granting certificates of death. In one case a woman obtained twenty-four death certificates from different practitioners on the life of a single infant, who had suffered from bronchitis and who had died from it according to her statement. In each case she drew funeral insurance money, though actually the child was still alive. In another case a young woman who lived with her father in the country became engaged to a profligate young man. The father suffered from asthma, and it was the daughter's frequent habit to go to the doctor for medicine for her parent. She appeared one day at

the doctor's house, stating that her father had had a very severe attack and had died. She asked for and got the certificate of death. Had it not been that the undertaker, while placing the body in the coffin, noticed that there were severe injuries to deceased's head, the murderer, who was the girl's *fiancé*, might have escaped punishment.

In filling up the death certificate great care should be exercised, and in stating the name of the disease the designation given in the volume " The Nomenclature of Diseases " of the Royal College of Physicians should be employed. A summary of these designations is found at the beginning of each book of death certificate forms, which is obtainable at the office of any registrar of births, marriages and deaths.

One should be very careful not to confuse the secondary with the primary cause of death. The primary is the one of most value, as under its heading the death is entered and so is used for statistical purposes. Thus, ascites is not a disease but a consequence of some other disease, *e.g.*, malignant disease of the liver ; again, syncope is rarely the actual cause of death in a case of phthisis pulmonalis. Mention only the important secondary cause of death ; thus, in a child dying from bronchopneumonia in the course of measles, the latter is the primary and the former the secondary cause. Employ definite terms for each disease and never vague names as diarrhœa, dropsy, cachexia.

The medical attendant *must* furnish the certificate of death to the registrar within five days in England and Wales and within seven days in Scotland under

a penalty of £2. The certificate must give the true cause of death, or otherwise the medical man may render himself liable to penalties for giving a false certificate. In one case the certificate stated that death had resulted from appendicitis, peritonitis and syncope, while really the woman had succumbed to the results of an illegal operation. The medical man who signed it was fined £10, with £10 costs, for making a false declaration. He might have been sent to prison for seven years.

The bodies of still-born children who have reached the twenty-eighth week of utero-gestation cannot be buried without a medical certificate as to the cause of death.

The medical man must never give more than one certificate of death, as fraudulent use has been made of the duplicate.

Under no circumstances ought he to sign blank certificates of death, with the intention that his assistant, partner or *locum tenens* may fill them up. Grave irregularities have occurred by reason of this having been done; especially has this occurred in the case of insured infants and young children.

In cases of sudden death, if the medical attendant knew that the deceased suffered from some grave malady (*e.g.*, aortic heart disease), and if he has no doubt as to the actual cause of death, he may grant a certificate, even though he may not have seen the deceased for a week or two previous to his death. It is advisable, however, to inform the coroner of this by call or telephone message, as it is his duty to make inquiry into every case of sudden death. In Scotland, of course, this is not applicable, though the registrar

ought to be informed of the facts. If the interval has been long between your having seen the deceased and his sudden death (*e.g.*, four to eight weeks), you must inform the coroner for the district in which the death took place, as you ought not to grant a certificate of death. He may grant a certificate and burial order without holding an inquest.

In cases of death after a long illness, where perhaps you have not seen the deceased for some time, it is better to withhold your certificate. If you have no doubt whatever as to the cause of death, you should call on the registrar or write to him, fully explaining the case. In this way you transfer responsibility from yourself to the registrar. If the latter is not satisfied, he may refer the case to the coroner, or procurator-fiscal in Scotland, but if satisfied he himself may grant a burial order.

If in any particular case you are not convinced as to the cause of death, you may refuse to give a certificate. Your grounds, however, must be reasonable. You cannot refuse to give a certificate of death because your last account for professional services has not been paid, or because you may have quarrelled with a relative of the deceased, or because of any such trivial reason.

In a case of sudden, violent or unexpected death, or if the death has occurred under what you consider suspicious circumstances, you must inform the coroner, or in Scotland the procurator-fiscal or, failing him, the surgeon of police.

You may, however, shift the responsibility by giving a certificate stating that death has been caused directly or indirectly by violence, or that it

has been sudden or that you cannot state the true cause of death. In such a case it is the duty of the registrar to report the death immediately to one of the above officials. This, however, is by no means the proper course for a medical man to follow.

The registrar may receive no medical certificate of death, as the deceased may not have been attended by a medical practitioner. The registrar may be satisfied with the explanation of the qualified informer and may grant an order for burial. If he is not satisfied, however, as to the cause of death, he must communicate with one of the above officials.

It is the duty of the medical practitioner to report to the coroner or his officer every case of very sudden death, the cause of which is not obvious. Every case of death from accident must also be reported to the coroner ; even such a slight accident as that of an old person falling out of bed and fracturing the neck of the femur, where death ensues soon afterwards. Of course, every case of death following an assault, or which has resulted from criminal negligence, must be reported to the coroner or procurator-fiscal.

Every death must be registered by the nearest relative present at the death or during the last illness of the deceased. In the absence of these any witness of the death, or the occupier of the house, or any relative living nearest to the deceased must register the death. These are known as " qualified informers."

The certificate of death is usually obtained by one of the above from the medical attendant and handed to the registrar at the time of registering

the death. In Scotland it is more usual for the death certificate to be transmitted directly to the registrar by the medical attendant. This is the better method, and should always be followed. When one gives it to a relative of the deceased, one cannot be sure that he will hand it to the registrar. If you do not send it yourself, give very definite instructions for the certificate to be taken to the registrar.

CHAPTER XII

LUNACY IN RELATION TO LAW

Lunacy Certificates.—The filling up of certificates of lunacy entails a heavy responsibility on the medical practitioners who sign them, and rightly so, for it means that the liberty of the individual is to be taken from him. When certified he will no longer be a free agent, but will be compelled to live in a certain asylum or, at least, the management of his affairs will be taken out of his power.

Before, therefore, signing a lunacy certificate you must make yourself certain as to the individual's insanity or incompetence to manage his affairs. In some cases this is by no means an easy matter to decide. The statements of friends and relatives of the alleged lunatic are often biased and inimical. Should he have been addicted to over-indulgence in alcohol, this will have made him a worry and distress to his family and, consequently, they are only too anxious in many cases to exaggerate symptoms in order to have him placed under restraint. You ought, therefore, not to be unduly influenced by their statements, though listening to them with attention because you will have to embody the most telling of these in your certificate, under the heading of " (2) Other facts (if any) indicating insanity communicated to me by others." Such statements of his wife that " he comes home very late at night," " that he wanders about the house through the

night," "that he uses foul language," etc., do not indicate insanity. Were you to write down, however, that "his wife tells me that formerly he was a deeply religious man, but now he swears and has become filthy in his habits, that he neglects his business, to which he was formerly devoted," etc., such would convey much more definite information.

If you are not satisfied in your own mind that the individual is insane, then have no hesitation in refusing to fill up the certificate.

Wrongous certification is more often the result of preconceived ideas, hurry and carelessness than of actual design, and yet these may end in your having to pay heavy damages.

On the other hand lose no time, but fill up an emergency certificate if the individual is a suicidal or homicidal maniac, and so get him placed under care at once. If you are remiss in doing so it may be a life-long regret to you, as dreadful crimes are only too often committed by such lunatics.

Many acute cases of mental disease recover, however, in a short time if the person is placed in a nursing home and carefully looked after and treated. In this way you avoid placing the stigma of certification upon an individual. Indeed, the Mental Treatment Act of 1915 allows you to place under detention and treatment for a period not longer than six months cases of mental disease which appear of a temporary nature, and this without certification.

In Scotland a person so suffering may be placed under private care on the certificate of one medical man. This is in the following terms :—

"I, *A. B.*, a medical person duly qualified in

terms of the Act 20 & 21 Vict. cap. 71, certify, on soul and conscience, that *C. D.* (*name and design the patient*) is afflicted (*state the nature of the disease*), but that the malady is not confirmed, and that I consider it expedient, with a view to his recovery, that he should be placed (*specify the home in which the patient is to be kept*) for a temporary residence of (*specify a time not exceeding six months*)."

Rules for Filling Up the Lunacy Certificate.—These certificates are to be obtained from any law stationer, magistrate's or justice's clerk, or from the asylum in which it is proposed to place the patient. Take great care in filling up the certificate, which is, after all, a legal document, and as such must be exact. Very often the asylum doctor has to return it to the medical man who signed it, for correction, often in some mere detail. Read the directions carefully before writing anything, especially the extract of section 317 of the Lunacy Act of 1890, and which you will find printed at the end of the English lunacy certificate. In answer to the question "(1) Facts indicating insanity ascertained by myself," give ample and convincing proofs of the individual's insanity. Remember that the statement which you make must bring conviction to the mind of the judicial authority (who is a layman) that the individual is certainly insane. If the patient has any delusions, state what they are, as, for example, "states that he is God; addresses his heavenly hosts and orders them to do his bidding; he talks constantly, and hardly takes time to answer questions; he is restless and untidy, his clothes are unbuttoned."

Having completed one certificate, another practitioner, who is in no way related to you either in family or practice, must examine the patient *at another time* (preferably several hours' interval), but not along with you.

The petition having been completed, it must be presented to the judicial authority. In England this may be the judge of a county court, a stipendiary magistrate, a justice of the peace, or the chairman of the Board of Guardians appointed under the Lunacy Act. In Scotland it is the sheriff of the county. Any one of these having completed the order, it must be acted upon within seven days or else the whole petition fails.

In cases of emergency the **Urgency Order** allows of the patient being put under restraint on one medical certificate only. He cannot, however, be detained for a longer period than seven days in England and three days in Scotland. These periods allow, however, for the usual methods of certification to be carried through. This order must be acted upon within two days.

Idiots and Imbeciles may be placed in institutions or under guardianship. Two medical certificates are necessary, one of which must be from a practitioner approved by the local authority under the Mental Deficiency Act, 1913, or by the Board of Control.

Defectives, who are not idiots or imbeciles, may be placed in institutions as above if two medical certificates along with one from the judicial authority are presented.

The medical man who fills up a lunacy certificate

must be in no way related to the petitioner; he must not be a partner or assistant to the other medical certifier; he must have no financial interest in the place where the lunatic is placed; he cannot act as medical attendant to the lunatic while he is under restraint.

Wilful mis-statements of fact or false statements in a lunacy certificate may render the certifier guilty of a misdemeanour and may entail a penalty of £300 or imprisonment for any period up to twelve months. In addition, a civil action for damages may be brought against him for wrongous certification.

Discharge of Lunatics.—One ought to be very careful in granting a certificate recommending the discharge of a lunatic. The medical man giving one ought to be guided greatly by the advice of the superintendent. One interview is not always a sufficient test, as it might be on the occasion of a lucid interval, and these intervals are often prolonged in point of time. If, however, you are certain in your own mind that the patient has regained his sanity and think that he ought to be discharged from the asylum, you grant a certificate somewhat as follows:

—"I hereby certify on soul and conscience that I have this day seen and examined *J. D.*, and that he is now of sound mind and fit to manage his own affairs or give directions for their management."

It is chiefly in regard to suicidal and homicidal lunatics that you must exercise extreme care. You ought only to grant such a certificate after lengthened inquiry, as the mania may remain latent for long, only waiting an opportunity to show itself.

Management of the Property of a Lunatic.—It is often necessary to prevent a lunatic from having the management of his property or business, though it may not be necessary to confine him in an asylum. In England an application in such cases is made to the Master in Lunacy, who will appoint a receiver and give directions as to the property. In Scotland, on application the court appoints a lawyer or accountant to do this. He is called the judicial factor or curator bonis. The two medical certificates should state " that the person is insane, and incapable of managing his own affairs or of giving directions for their management."

Testamentary Capacity.—Dispositions or wills are very frequently disputed on the ground that the testator was of unsound mind, or owing to advanced age or through being unduly influenced, he was not able to make a proper distribution of his estate.

If, therefore, the medical attendant knows that his patient is making a trust disposition, it is his duty to investigate carefully into his mental and intellectual ability to do so, in view of the possibility of the will being contested.

If the practitioner be asked to be a witness to this disposition, then still more ought he to inquire into the mental state of the disponer. He ought to ask him if he knows perfectly what he is doing and how he is distributing his estate. Get him to tell you some of the provisions he has made and see if they agree with the deed.

Make sure to your own satisfaction that he is of a " disposing mind " ; that he knows the nature and extent of his property, the persons who have claims

on him and the relative degree of these claims. Should the settlement be disputed you are then able to swear to the fact that the testator knew exactly what he was doing. Your signature as a medical man to a will should be equal to a certificate of mental competency given to the testator. You must remember that if you sign your name as witness to a disposition, neither you nor your wife can benefit under that will.

On the other hand, if you are convinced that he is not in a fit mental state to make a proper will, then you must refrain from acting as a witness. But further, you ought to write a letter to the lawyer stating your opinion, and this action would assist greatly if the dispute were taken to court.

Undue Influence.—The medical attendant will be able to estimate for himself during his visits to an infirm or aged patient whether undue influence is being brought to bear on him by some relative or attendant. It must be rare when the practitioner does not note evidences of excessive and interested attention. He will be able to gauge the degree of mental enfeeblement of his patient and note if he is easily persuaded. He can judge what value his patient puts on the services given by the attendant and whether he has alluded to rewarding him or her at his death. In disputed wills, the medical attendant will be able to give valuable evidence, both as regards the mental condition of the deceased and as to the assiduity of attention bestowed by the beneficiary.

Legacy to Medical Attendant.—It not infrequently happens that a grateful patient leaves a legacy to his

medical attendant, or to some member of his family. If the sum so left is small, it is usually paid by the legatee without cavil. But if the sum bequeathed be large, the legatees very often dispute the legacy in a court of law, affirming that the deceased was not of a disposing mind, or that the medical attendant had exercised undue influence on his patient. In only too many cases the courts have decided against such legacies.

If a patient intimates his desire to leave you a legacy, then you should make this known to your patient's lawyer, or to his immediate relations, so that they may be fully acquainted with the intention of their relative towards you, and may have the opportunity of talking the matter over with him or her. Should your patient, after intimating his desire to leave you this legacy, ask you to keep the matter secret, then you must tell him that his intention would not be fulfilled unless it was made known to his immediate relatives. If he is of sound mind and really wishes you to have this legacy, he will appreciate the force of your statement, and will see to it that this provision of his disposition will be properly carried out after his death.

CHAPTER XIII

VACCINATION AND OTHER CERTIFICATES

Vaccination.—A certificate of successful vaccination must only be given if you have inspected the arm a week after the operation and found that the inoculation has been successful. Lately a medical man was remitted to the assize court because after vaccinating a child he had immediately given a certificate of successful vaccination.

Postponement of Vaccination.—You have no power to delay vaccination on account of the health of a child for a longer period than two months at one time. You may repeat this certificate if, in your opinion, the child's health is still precarious.

Insusceptibility to the Vaccine Disease.—This certificate ought never to be required. You may only fill it up if you have not succeeded in vaccinating the child after three attempts. This means that either the lymph you used was not reliable, or that you were not performing the inoculation properly. Hardly any children are insusceptible to vaccination.

As a private practitioner you are legally allowed to practice arm-to-arm inoculation if you desire to do so. In view, however, of legal troubles which might arise, you ought to employ glycernised calf lymph in every case. If you use human lymph, it may be stated that you employed lymph from a

diseased infant, and that, in this way you gave the child you vaccinated syphilis or tuberculosis.

In order completely to protect the child from smallpox you ought always to make four insertions at an interval of half an inch from one another ; then dress the arm with a pad of boracic wool kept in place by two strips of adhesive plaster.

Public vaccinators are appointed by the local board of guardians. On applying for this post you must furnish a certificate of proficiency in vaccination—the same which you obtained when a student. The appointment must be approved by the Ministry of Health. The payment for each vaccination done at the child's residence must be not less than 2*s.* 6*d.*, but the guardians may, and ought, to pay a larger fee. For cases of revaccination the same fees are payable.

Notification of Infectious Disease.—Every case of notifiable infectious disease must be certified to the medical officer of health of the district in which the patient is within twenty-four hours of its being diagnosed by the medical attendant. Failure to do so may incur a penalty of a fine not exceeding 40*s.* For each notification a fee of 2*s.* 6*d.* is paid if it occurs in your private practice, and 1*s.* if it occurs in any public institution or body of which you are medical officer.

As regards *compulsory removal to hospital*, if you are of opinion that there is a risk to the health of the community through the spread of disease by an infected person remaining at home, then, on the certificate of a medical man, a justice of the peace or a magistrate may order his removal compulsorily to a hospital for the treatment of such cases, even against his own wish or that of his parents or guardians.

Juror's or Witness's Certificate.—A medical certificate may be required by a juror or witness to excuse his attendance because of his illness.

In England a mere written statement containing the person's name, address, occupation and nature of the illness, with your own signature and date, is alone required, provided you are a registered medical practitioner.

In Scotland the certificate takes the form of a sworn statement and must be given on "soul and conscience." (*E.g.*, "I certify on soul and conscience that *A. B.*, 26, New Street, Glasgow, carpenter, is suffering from croupous pneumonia and is unable to attend court.—(*Signed*) W. D. GILLESPIE, M.D., 26th May, 1921.")

One ought not to grant these certificates without due consideration, as you may be cited to appear in court and may be questioned as to the truth of your certificate. The illness may not be one which need confine the person to bed, but it may in your opinion unfit him to appear in a court of law either to sit on a jury or to give evidence. Thus, he might be in such an excitable or nervous condition as to be unable to concentrate his attention, and your certificate should embody such an explanation.

A certificate in the above form may be granted by you to a person who has been allowed out of prison on bail and through illness is unable to attend court on a certain specified date.

Other Certificates.—There are other certificates which a medical man has to grant, *e.g.*, Factory Acts; children in relation to school attendance; Workmen's Compensation Act, etc., but as a rule these

are in special form or schedule and so require no further consideration.

Every case of industrial poisoning which comes under the notice of the medical practitioner must be notified at once to the Chief Inspector of Factories, Home Office.

Cremation.—By reason of the fact that cremation destroys all evidence which the dead body might have afforded in reference to criminal inquiries, disease or poisoning, it is very necessary to safeguard the State against such contingencies.

Before a body can be cremated *two* medical certificates of death must be furnished. Each of these contains questions of a very searching character. It is compulsory that each of the certifiers must have seen and examined the dead body.

One of these certificates is granted by the ordinary medical attendant of the deceased (Schedule, Form A). The other may be granted by any one of the following: A registered medical practitioner of not less than five years' standing and who must be appointed by the cremation authority; by a medical officer of health; a surgeon of police; a certifying surgeon under the Factory and Workshops Acts; a medical referee under the Workmen's Compensation Act; or a physician or surgeon in a general hospital containing not less than fifty beds; or on certificate given after post mortem examination of the dead body by an expert in pathology (Schedule, Form D).

These two certificates are then submitted to a medical referee appointed by the cremation authority, and only if he is satisfied does he grant an order for cremation. If he is not satisfied he may

require further information, or he may require a post mortem examination to be made by an expert in pathology. If he has any reason to think that death had resulted from poison, violence, neglect, illegal operation, or if there are any suspicious circumstances whatever, he will not grant an order for cremation unless a coroner's inquest has been held. He may refuse to allow cremation without assigning any reason.

It is unlawful to cremate any unidentified body.

The death must also be registered in the usual manner.

CHAPTER XIV

MEDICAL SECRECY; MEDICAL RESPONSIBILITY; STREET ACCIDENTS; ADMINISTRATION OF ANÆSTHETICS

Medical Secrecy.—It ought to be an invariable rule with you never to discuss with outsiders the illnesses of any of your patients. Not infrequently an acquaintance of one of your patients will accost you with the question "What is wrong with Mr. S.?" You ought not to inform him, because you do not know how this information might be spread abroad nor how it might prejudice your patient. Perhaps the latter might not wish it to be known that he was ill, or he might object to have the nature of his illness revealed, and more especially if he were suffering from a contagious or communicable disease. Put off your interrogator with some general answer, and if he still persists, then point out to him his indiscretion in demanding information from you.

The medical man must remember that on taking his professional qualification to practise he subscribed to the time-honoured oath of Hippocrates, which amongst other rules stated that "Whatever in connection with my professional practice or not in connection with it, I see or hear in the life of men which ought not to be spoken abroad, I will not divulge, as reckoning that all such should be kept secret."

To any one, however, of true gentlemanly feeling the giving away of any confidence is repellent, and of no one ought this to be more true than in the case of the medical attendant.

To keep to oneself all that one's patients have confided in one might be termed the first commandment of medical ethics, and it ought never to be broken without grave cause.

The relationship between patient and medical attendant is a very close and intimate one ; one can readily understand how confidences are given by the former to the latter, and often these are made during periods of trying illness or approaching death. It is therefore reprehensible in the highest degree for the doctor to give utterance, even by a hint or it may be in jocular fashion, to a single person of any trust (innocent or culpable) which may have been reposed in him in his capacity as medical adviser. This information may have been received in conversation, in writing or in the course of direct physical examination of the patient (*e.g.*, present or former pregnancy, syphilis, etc.).

A request not infrequently made by a mistress to her doctor is that he should examine her servant, as she thinks she is pregnant. This is rather an unfortunate request, for a doctor has no right to force his services on any one unless they themselves desire it. Then, if the girl is innocent, she will naturally resent any of your questions, while if she is pregnant she will probably refuse to answer. If she consents to see you, you must tell her what her mistress thinks. She may allow you to examine her, but even if you find that she is pregnant you

have no right to tell her mistress what her condition is unless the girl gives you full liberty to do so. If she refuses this liberty, and you do not tell her employer the state of affairs, the latter will probably find grave fault with you, seeing that she sent for you for this purpose. The probability is that you will no longer continue to be the medical adviser of that household.

In such a case it is much wiser to refuse to see the servant at all. Let the mistress be advised to send her maid to consult her panel doctor, and so you will escape Scylla as well as Charybdis.

Of course, there must be exceptions to the rule of medical secrecy, and in such one must act upon one's own judgment. For example, a man may confide in you that he has an almost uncontrollable impulse to suicide or homicide ; as part of your treatment you would need to reveal this to one of his relatives, so that he might be put under restraint lest a crime should be committed. Then in the case of the approaching marriage of a man whom you know to be suffering from syphilis, it would be your duty to persuade him against entering into this contract, or at least to get him to inform his prospective father-in-law. If he refused, you might even take this latter step yourself, even though it broke the ethical rule of secrecy. You would be doing it in the interests of others, even though it might hurt the individual. It is incredible to think that any court of law would hold you culpable in such a case.

Again, one is compelled to give away confidence reposed in one by a patient in courts of law if the judge allows the question to be put to you. Before

answering it you would point out the confidential nature of the information you were asked to give, and suggest that you might convey the answer in private or in writing to the judge. If the latter insists on a public answer, then you must either do so, even though it may result in your making public a confidence reposed in you, or risk imprisonment for contempt of court. The statement of Lord Mansfield made in 1776 still holds good: "If a surgeon was voluntarily to reveal those secrets, to be sure he would be guilty of a breach of honour and of a great indiscretion; but to give that information in a court of justice, which, by the law of the land, he is bound to do, will never be imputed to him as any indiscretion whatever."

We may be enabled by our medical or surgical work to help in the elucidation of cases of manslaughter or even murder. Thus, a man may come for treatment on account of a severe wound and can give us no reasonable explanation of how it happened. A murder may have been committed, and your patient may have received this injury while committing it. Surely you would be fully justified in informing the police in such a case.

Again, if you were called to see a woman obviously dying as the result of criminal abortion, you should endeavour to obtain from her the name of the abortionist in order that he or she should be punished. In the trial, of course, the name of the woman would be made public, but in such a case the end would justify the means.

Should you be so indiscreet as to make public any medical secret which you may have acquired in any

way, and if this publicity does harm to an individual or his relatives, it is likely that a civil action for damages will be brought against you. Some years ago an eminent obstetrician had to pay £12,000 as damages for making public a statement reflecting on the moral character of a lady. He alleged that the statement was privileged, but the jury thought otherwise.

Privileged Communications.—A privilege is a right peculiar to a certain individual or class of individuals or an immunity not enjoyed by all.

Under certain circumstances a medical man may feel that he has a duty, and that he will be justified in imparting to another interested party certain facts which he has learned from a patient who has consulted him. Thus, for example, he may find that a children's nurse, cook or domestic servant is suffering from syphilis. He may feel it incumbent upon him to warn the master or mistress that their servant was suffering from an infectious trouble, without perhaps giving it an exact name. He must caution the master, however, to keep this information entirely secret. The doctor has only divulged this secret information to him in the interests of his family. He ought, however, to inform the servant that it is his duty to give information regarding her illness to her employer, and if she makes no protest so much the better. Such a communication would be privileged ; the medical man did not make his knowledge public, but only privately to the party directly interested, her employer, and with due safeguarding of his patients' future interests.

In circumstances such as the above you must only

make the communication when it is absolutely necessary, and not merely as a matter of expediency, else you may render yourself liable to an action for damages.

Another form of privileged communication is the granting of medical certificates to public bodies in the case of their servants. In these you are expected and ought to put down the true cause of illness. It is no breach of medical secrecy, for both employee as well as employer know that you have to do this ; it is part of the contract on joining the service of such a public body.

In the case of ordinary employers, however, the medical certificate does not need actually to specify the true nature of the disease from which an employee is suffering.

In courts of law, as I have stated, if the medical man, in spite of his protest, is compelled to answer a certain question, he then makes a privileged communication, and is held free from all blame in having made it.

Criminal Abortion.—When called to see a woman who has aborted, as you think from the result of criminal interference, it would appear from the statements of authorities that medical men are left to act as their conscience approves in giving or withholding information to the police. In any case, however, it is wise for you to call in the aid of a brother practitioner to share the responsibility. Should the woman be obviously seriously ill when you first see her, you ought to have her removed to an hospital or nursing home so that adequate (probably operative) treatment may be given to her. If you see

that she is dying, then you must try to get her to emit a declaration, with the object of finding who the abortionist is.

Medical men are not expected to act as detectives, and Mr. Justice Hawkins said that in cases of criminal abortion "he doubted very much whether the medical attendant would be justified in going forth and informing the Public Prosecutor. To his mind such a thing would be monstrous cruelty."

Induction of Premature Labour.—Of course you will never dream of performing this operation without its being absolutely necessary. Before performing it, however, always obtain a second opinion from a brother practitioner or consultant. If you do not do so, you may lay yourself open to the charge of having done it criminally, or at least you may find yourself the subject of blackmail. You can never tell the amount of latent criminality in any patient, and practitioners have had to pay large and frequent sums to prevent a woman from laying information against them for performing an operation which may have been perfectly justified, but which they cannot support by independent witnesses.

Blackmail.—By this we understand the extortion of hush-money under a threat of exposure, and especially of a baseless charge. Young practitioners are not infrequently the subject of this crime. Various charges may be alleged against them, *e.g.*, taking indecent liberties, procuring abortion, immoral relations, etc.

Under no circumstances whatever ought you to make any payment in order to stop threatened

further proceedings. It matters not whether you are innocent or whether you have only been indiscreet or even guilty, pay nothing, but put the matter at once in the hands of a respectable lawyer, and he will soon stop the work of the blackmailer, for the punishment of this crime is severe.

To pay even a small sum as hush-money goes to prove that you are not altogether innocent of the charge, and it will only whet the appetite of the male or female blackmailer for larger sums at more frequent intervals. Should the case be later on taken to court, the fact that you had made payment will tell against your evidence. It will naturally be asked, If innocent, why did you pay at all? I have known the life of a medical practitioner made intolerable because of the extortions of a blackmailer based on a charge of which he was the innocent victim.

Operations on Patients.—It is advisable, when you think that an operation is likely to be necessary, to prepare the patient for it some time previously by slight allusions to the beneficial results which would follow. One ought never, unless absolutely necessary, to spring an operation, so to speak, on a patient. The shock of such a sudden intimation may do the patient much harm, indeed it has been known to cause the death of a nervous patient.

In many cases the medical practitioner performs minor operations himself, but in more serious ones he is well advised to call in an experienced surgeon or specialist. If you perform these yourself and anything should go wrong, you will receive blame in that you, an ordinary medical practitioner, took

the responsibility of performing a major operation and did not call in a surgeon.

As you will not be recompensed for your time and trouble in performing operations on the poorer class of patients, it is advisable to send such to the hospital or infirmary. In the case of the well-to-do, however, a surgeon should always be called in to operate.

Responsibility for Operations.—The operator is supposed to be, and almost invariably is, well up in his work, so that there are seldom grounds for doubting his thorough competence to carry through the operation.

If, however, the patient or his relatives can prove that the operation was unnecessary, unskilfully performed, or that there was a lack of subsequent care, so that the patient suffered as a consequence, then the surgeon is held responsible and may be served with an action for damages or, in fatal cases, with a criminal charge (*malpractice*).

Before commencing an operation it is well to get a general sanction from the patient or the relatives for you to do what you think necessary in the best interests of the patient. It is advisable to have this in writing, so that there may be no resiling later on. An action for damages was brought against a gynæcologist because he had removed both ovaries from a woman, so rendering her sterile. The operator had stated that the right ovary was diseased and it was necessary to remove it, and the patient had assented to this. At the operation it was found that the left ovary was also the seat of disease, so the surgeon removed both. He had exceeded the

operation agreed to, and it is probable that had the patient known previously that both organs might have to be removed, she would have refused to be rendered incapable of reproduction. In another case the surgeon told the patient that he would remove the foot at the ankle joint because of gangrene of the great toe. At the operation the surgeon amputated below the knee, and as the patient had given him no authority to do so the surgeon had to pay damages.

In cases of criminal wounding you ought never to operate unless it is absolutely necessary in order to save the individual's life. If you operate without this necessity and the person dies, then it might be alleged on behalf of the prisoner that the operation caused the death and not the wound; hence, you might assist in a miscarriage of justice.

Medical Responsibility.—There is no legal compulsion for a medical man to attend professionally any one unless he desires to do so. It is a common belief amongst the public that a doctor must come to any case if he is sent for. This is quite erroneous. Even if a policeman came and asked a practitioner to go and see some one injured in a street accident, he need not go. I am speaking of the legal obligation, not of the moral duty, which few medical men neglect.

Having, however, gone and given attention to an individual, it is your bounden duty either to see him through this accident or illness or until he has been transferred to the care of some other practitioner or admitted into some hospital or infirmary. Having put your hand to the plough, you cannot

turn back. This obligation may be a cause of much hardship to the doctor; thus, he may be called to see a poor woman who has fractured the neck of her femur. This will entail a long illness, and he must give her all reasonable skill and attention until she is better or until, after some months perhaps, she acquiesces in her own removal to a poor-house hospital or other institution. There is little likelihood that you will receive any payment for the many visits you may have paid her.

Should you neglect to give her adequate care, and as a result, perhaps, there may be gross displacement of the broken fragments, bed sores, etc., then you are liable in an action for damages brought by the woman or her relatives. It would be no excuse to state that she was too poor to pay you, for you could have given up the case and another doctor might have been obtained who would have given her better treatment.

In the case of a street accident the doctor may have gone and given first aid. Before leaving, however, he must give definite and explicit instructions, either to the injured person or to some responsible person who is taking charge of him, to have him taken either to a hospital or to his own home and his doctor to be summoned. Only by these precautions does one free oneself from the risk of further liability.

Even if a person calls at one's house for consultation, we need not give him any advice unless we choose. We must not, however, disregard messages which are sent to us seeking our aid. We may have no intention of continuing certain individuals as

patients, but we must intimate this intention to them. They may be relying for medical aid on us, and thinking, perhaps, that we have merely been delayed in calling on them in response to their message, they have not summoned another practitioner, and thus valuable time may perhaps be lost, to the patient's hurt. A medical man might thus render himself liable to an action for damages through non-compliance with the patient's request for medical services, the assertion being that he was depending on the visit of the doctor to relieve him, and that through this non-compliance his health had suffered.

Patients are sometimes not visited through mere inadvertence, the servant perhaps having omitted to deliver the message or having forgotten to write it down ; the wrong address may have been noted, or the doctor himself may have failed to enter the name on his daily list. Such negligence would hardly be considered culpable in a court of law, but if the patient had sent a second time and this again had been overlooked, with perhaps serious consequences, then assuredly the practitioner has laid himself open to a charge of malpraxis.

It is expected of every medical man that he keep himself abreast of medical and surgical advances in his profession. What might be good and adequate treatment twenty years ago is now in many cases almost obsolete. Take the case of fractures, as a Colles's ; instead of the old method of complete immobilisation for six weeks, it is now almost common knowledge amongst the laity that the proper treatment is massage with temporary fixation.

Should a practitioner employ the old method, and an ankylosed wrist joint be the result, then assuredly he ought to be responsible for this serious handicap to a man's earning power. Nor would it be an excuse to say that he had employed reasonable skill, for the most ignorant practitioner must by this time be cognisant of the modern method of treating fractures so that little or no stiffness of adjacent joints results.

Actions for negligent treatment not infrequently arise as the result of shortening of a limb after fracture. It is possible that by a hasty and incomplete examination a fracture may be entirely overlooked, but in other cases it is by no means easy to determine whether one is present or not. The great swelling and tenderness which ensues after a fracture often makes it a matter of extreme difficulty to detect it. If there be reasonable doubt, then every care should be taken to ascertain the true state of affairs, an X-ray examination being often of great assistance. Even with every care and attention one frequently meets with cases where displacement of the fragments and shortening of the limb has occurred.

The mere "setting" of a fracture is often the least important part; the after-treatment, massage, passive movements, etc., are absolutely necessary if the individual is to have a useful limb. It must, therefore, be the duty of the practitioner to see that he is receiving this treatment either from himself or from some one else, in order that there may be no risk of the man suing him for damages later on, on account of the stiffness of his joint.

Negligence on the Part of the Practitioner.—It has been laid down as a legal axiom that although bare negligence unproductive of damage to another will not give a right of action, negligence causing damage will do so. Negligence has been defined as the omission to do something which a reasonable man would do, or doing something which a prudent and reasonable man would not do. The onus of proof of negligence or of actual damage received rests always with the person bringing the action; it is never assumed in law.

This negligence may be of all degrees. In a slight degree it may merely delay a patient's recovery, or on the other hand it may cause permanent incapacity. Such cases might lead to civil actions for damages against the doctor. In other cases the negligence is so great as to be criminal, and then the term " malpractice " is most usually applied to it.

As an example of gross carelessness, a medical man attended a confinement while suffering from a chancre on his fore-finger. He infected his patient with the disease, and had to pay £500 as solatium.

Contributory Negligence on the Part of the Patient.—Let us suppose that a man comes to your consulting room with a dirty scalp wound. You have cleaned and dressed it, but, before he leaves, you must make it perfectly clear to the man that he must either return to have it dressed regularly or that he must put himself under his own doctor's charge. If you do not do so, and the man nelgects his injury so that the wound becomes septic, then you may be called upon to pay him or his relatives damages because of your neglect. In such a case it

would be well to write to the man's own medical attendant, telling him of the accident, and that you will expect him to look after his patient. If, however, after you have warned and instructed the man as to what to do, he omits to have his wound further attended to and does nothing for it himself, so that in a week perhaps diffuse septic cellulitis ensues and may cause his death, you cannot be held responsible, because he neglected your advice and evinced contributory negligence in not seeking further surgical advice or attending an infirmary.

If you see that the man is intoxicated and does not seem to comprehend what you tell him, it is your duty either to call upon him on the following day or write to him explaining what he must do for his injury, or if you know who his medical attendant is, you might inform him and ask him to treat the case. In this way you free yourself from any blame should the wound become serious.

Malpractice.—Unfortunately medical men are as prone to temptations as their lay brothers. Should, therefore, a practitioner have taken so much alcohol as to render himself not quite *compos mentis*, then he ought not to see any patients until he has recovered. Not only will his mental state impress his patients against him, but men are rash and not to be depended on when in this condition. He may give wrong advice, do something which is unnecessary, or leave undone something which ought to be done. In any of these ways he may render himself liable to a criminal charge being brought against him or an action for damages in the civil courts. In one case a practitioner was so intoxicated that he left

the placenta *in utero* after a confinement, with the result that the woman died from sepsis; and another doctor ligatured and cut off a child's penis in mistake for the umbilical cord.

Apart, however, from intoxication, cases occur in which the practitioner has failed in his duty to his patient, and has not brought to bear on the case that degree of care, skill, knowledge or judgment that the law expects of him. Aggrieved patients have entered suits of damages against surgeons for leaving a sponge or pair of forceps in the abdomen after a laparotomy; against another surgeon who mistook a fracture for a dislocation; against another for producing extensive sloughing as the result of X-ray applications, and so on.

A charge of manslaughter may be brought against a medical man who has shown gross carelessness, criminal neglect, or culpable ignorance in his work. Thus a doctor used forceps in a case of delivery, and applied such force that the vagina was torn, a loop of bowel protruded, and this he cut off, stating that he thought it was the cord. The ordinary medical attendant is in law only expected to bring to each case that degree of skill and diligence which a well-educated practitioner ought to have. He must be able to prove that he used reasonable and ordinary care to the best of his judgment. Besides this, a medical man is not held liable for an error of judgment.

The medical practitioner, when he cannot get expert assistance, will, undoubtedly, do his best for the patient. This may be not nearly as good treatment as an experienced surgeon might have given,

but it is not to be expected that the practitioner can have as much skill as the surgeon or specialist, and in law it is not looked for.

Street Accidents.—A medical man is often summoned urgently to see some one who has been taken ill or who has sustained an accident in the street. It is very seldom that such a summons is neglected by medical men, although they know from past experience that the attention given may result in much loss of time subsequently, with little or no financial recompense.

Such accidents as being run over, knocked down by van, cart or motor car, etc., lead to police, coroner's or superior court cases, at which the doctor will have to attend and give evidence, receiving the small fees payable in such courts.

Unless a policeman comes himself or definitely sends some one for you to attend an accident, it is unlikely that you will receive any payment for giving first aid. If he has summoned you, however, on completing the case you will probably have to ask him for a certificate that you have attended the patient.

Very often a passer-by seeing the accident rushes off for a doctor; other people act on similar impulses, with the result that when you arrive you may find three or four other medical men present, all having been summoned by different people, not one of whom is likely to offer payment to the doctor. The police pay only that doctor who arrives first and gives aid to the injured person. Should you arrive first it is advisable to ask the policeman if he wishes you to treat the case, and get his assent.

Having given the necessary attention, it is your duty to see that the police convey the sufferer to an hospital or to his own home, and that they summon his private doctor.

There is no statutory fee for such police calls, and payments differ in different areas. In the London area at present the fee for a day call is 5*s.* and 10*s.* 6*d.* for a night call. In other areas the fees may be 3*s.* 6*d.* and 5*s.* respectively. It is likely that all these fees will be considerably increased at an early date. On presenting the certificate at the police office you will receive payment. To avoid having to pay fees the police usually endeavour to secure the services of the police surgeon.

Dying Declaration.—

"The tongues of dying men,
Enforce attention like deep harmony;
Where words are scarce they're seldom spent in vain;
For they breathe truth that breathe their words in pain."
(*Richard II.*)

If, when called to see some person, you observe that his condition is due to a criminal injury so serious in character that he has only a short time to live, it is your duty to get him to make a statement explaining the manner in which he had received these injuries. If you think he will survive for an hour or two, then it is better to send for a magistrate, procurator fiscal or police official to take this dying deposition. If, however, you consider that the risk of his dying at any moment is great, then you yourself should take his statement. Before doing so tell him distinctly that he is dying; say to him,

"Do you believe that you are about to die and that there is no chance of your recovery? Tell me, therefore, how you received your injuries." Ask no further questions, but write down the exact words as he speaks. If at all possible, let there be one or two witnesses present to hear his deposition. The deposition ought to begin, "I, *J. B.*, knowing that I am about to die." Should he begin to make statements unconnected with his wounding, then you should interpose and bring him back to the real issue. Get him to name his assailants if he knows them, or let him describe them.

After he has finished, you should read it over to him before the witnesses and get him and them to sign it. If he cannot sign, then he may adhibit his mark, or merely assent to its being a true statement. If there is no time to take it down, listen carefully to what he says, and later write it down in the exact words as you remember and read it over to the witnesses. You may make any alterations which they may suggest, and then sign it yourself and get the witnesses to sign it also.

Before commencing to take the declaration you must carefully note the condition of his mind and determine if he is fit to make such a deposition. Fatal injuries may be received during intoxication, or the functions of the brain may be interfered with as a result of loss of blood or actual injury to the cerebral tissue. In such cases there may be more or less delirium or such mental confusion as to render the declaration of no value, even if made. If you are satisfied, however, that he knows exactly what he is saying and realises the fact of his im-

pending death, then take his dying declaration. The value of this deposition depends on the solemnity of the occasion on which it is made.

In the event of an assailant being tried for the murder of the declarant, this dying declaration is used, and its value as evidence depends on the fact that the person who made it knew that he was dying. It is quite valid even if the declarant lives for some days subsequent to its being made, because he made it in the belief that he was about to die.

Contracts.—Not infrequently medical men enter into contracts to attend a whole family, school or institution for a fixed annual payment. Under ordinary circumstances the pay may be quite adequate, but during years of epidemic illness the professional services rendered may be far in excess of the recompense. This may cause the medical attendant to express the opinion that he is not being remunerated sufficiently and that he will terminate the agreement forthwith. To do so before the expiry of the contract would be quite illegal, and he might be charged with breach of contract.

Failure to implement a contract of any kind incurs legal liability, hence medical men should exercise caution in entering into such agreements. For example, a doctor might contract to attend a man's old father for an annual payment. Should he neglect the case, so that the legs become ulcerated, bed sores develop, etc., the son might enter a suit against the doctor for failing to implement the contract, to the detriment of his father's health.

If one enters into such contracts, the bad must be taken along with the good. Some entail a small

amount of work, while others demand much attention; the average, however, ought to yield an adequate remuneration.

Confinements; Contracts to attend.—If a practitioner engages himself to attend a woman in her confinement, he must fulfil that contract unless some unavoidable circumstance should arise, as personal sickness or being called to some previous and urgent case, etc. If such accidents prevent him from giving his own services, then he ought to provide a competent *locum tenens* to do such work.

Again, the doctor may wish to annul the contract from private or personal reasons. If so, he must inform the woman of this at once, so that she may engage another doctor. It is not necessary to assign any reason for retiring from the case. If the doctor neglects to give such notice, and refuses to attend the confinement on being summoned, then he may lay himself open to a charge of neglect.

Still more is a doctor blameworthy if he retires from a case while parturition is going on. This was done by a doctor who threw up a case because on three occasions, when he attempted to apply forceps, the woman resisted and screamed and made it impossible for him to succeed. By leaving the woman unattended he endangered her life, as it was a considerable time before another practitioner could be obtained.

The doctor having made a contract (probably verbal, but none the less binding on an honourable man) must give the woman and infant all necessary care, not only during delivery but during the puerperium, or until the case has entirely ended.

Were he to retire before this without due cause, he would be guilty of a breach of contract, and even though the woman received no material damage, yet he is blameworthy; while on the other hand, if she received harm as the result of his want of attention, he might be charged with negligence.

In conducting cases of parturition, the practitioner must not only exhibit reasonable skill during the birth, but must also give proper attention to the woman afterwards. A doctor would be culpably incompetent and negligent if he could not recognise a hydrocephalic head or a cross-presentation, with the result that labour was prolonged until the uterus ruptured, or leaving a perineum torn back into the rectum unsutured, so that the patient had permanent incontinence of fæces.

Administration of Anæsthetics.—The coroner in England and Wales and Ireland has to inquire into every case of death which takes place while under the influence of an anæsthetic. The anæsthetist has to appear before him, and must answer a long list of questions relative to the administration of the anæsthetic.

Before, therefore, administering an anæsthetic (as you can never tell what the result may be, and so as to furnish yourself with a proper defence in the case of death ensuing) it is advisable, nay, only right and proper in the interests of the patient, to determine whether the heart, lungs and kidneys are in a healthy state. Should a fatal result follow, the anæsthetist will require to prove that it was necessary to give an anæsthetic, that the one employed was the most suitable, that the patient was in a fit

state of health to have it administered, that it was given skilfully and in moderate amount, that he had the usual remedies at hand in case of failure of the heart and lungs, and that he employed every means in his power to resuscitate the patient.

Duties of the Medical or Surgical Referee.—You, as a medical practitioner, may be asked to see, either on behalf of an insurance company or as referee under the Workmen's Compensation Act, persons who have suffered injury. In such cases you ought always to see that the ordinary medical attendant has received notice of your intended visit in order that he may be present if he desires to do so. You ought not to ask him, however, any questions either in relation to his diagnosis or treatment. Your examination is merely to estimate the degree of the person's disablement and its probable duration. Only in so far as the accident has a relation to his present condition do you need to inquire into it. Satisfy yourself thoroughly, but make no statement as to what you think of his condition either to the patient himself or to his medical attendant. Take notes of the case as you make your examination, and that same evening draw up your report and send it to your employer. Be careful to keep a copy, as you may be summoned to attend court on a certain day to give evidence in support of your opinion.

Factory or Certifying Surgeons.—These surgeons are appointed by the inspector under the Factory Acts. The duties are laid down, but the principal ones are to examine young persons and children and to furnish an annual report.

The fees payable (failing any definite agreement) are 2*s*. 6*d*. for each visit to the factory or workshop and 6*d*. for each person after the first five have been examined at that visit.

If the factory or workshop is over one mile from the surgery, then 6*d*. is paid for each complete half mile over and above the mile.

When the examination is conducted at the doctor's own surgery or any other place than the factory or workshop, 6*d*. is paid for each person so examined.

If an accident occurs in any factory or workshop, the surgeon must go at once and make an inquiry and send a report to the inspector within twenty-four hours.

CHAPTER XV

EXAMINATION FOR LIFE INSURANCE

A VERY frequent duty which the private practitioner has to perform is to examine an individual who proposes to insure his life. The family medical attendant is often requested to do so. If he knows of nothing either in the past medical history of the proposer himself or in his family history which would tell against his being accepted as a first-class life, then he is likely to examine him willingly. If, however, he knows of any circumstance which would either debar him from being accepted altogether by the insurance company, or which would cause the company to " load " his life, then he ought at once to tell the person that he must decline to examine him. One of the questions put in the medical examination form asks if the examiner knows of anything which in his opinion would militate against the proposer's life. If the medical attendant answers this truthfully, as he is bound to do, and states some fact which will tell against the proposer, then the patient will be the first to blame his doctor for causing his proposal to be rejected entirely, or, if accepted, at an increased premium. In such a case you ought to recommend your patient to be examined by the company's chief medical officer, because we cannot escape telling what we know of the previous life history of the insurer, and if we voluntarily make a false statement we may be charged with this offence.

In making your examination, strive to be absolutely fair both to the proposer and to the insuring company. Though you will receive your fee from the company, you must not act as an agent for it, but be scrupulously just.

One's duty in this examination is not to be lightly undertaken. The proposer here acts exactly in the contrary manner to that in which an ordinary patient would do. He either denies entirely that he suffers from any disease or, at least, he minimises it greatly. The examiner has, therefore, to act the part of a detective and to try and find if there is any disease present at all. He must, therefore, perform a very complete and detailed examination in order to determine in how far the proposer differs from a healthy individual of his own age, if, indeed, he differs at all, and if there is any indication of present or past disease.

The object of the investigation is to determine whether the applicant has an average healthy life or the reverse.

Let no one be present at the investigation, not even a man's wife if he is married. You have to make inquiries regarding his past life, and it is hardly likely he will answer truthfully if she is present, or he might respond with statements which might not conduce to matrimonial felicity.

Questions are asked under the following heads :—

(1) The family history of the applicant.
(2) His past medical history.
(3) His present state of health.
(4) His habits and occupation.
(5) His apparent age.

The examination is often made in a very perfunctory manner, and such inconclusive results are very unfair to the insurance company. In one case the doctor noticed a small ulcer at the side of a man's tongue, but was satisfied with the explanation that the tongue had been scratched with a sharp tooth. Three months later the individual died from cancer of the tongue, and the company had to pay the large sum assured for.

Let the examination be very complete. Are there any signs of intemperance? Is he unduly stout or thin? Does he look his stated age or beyond it? What is his occupation? Is it one which tends to alcoholic excess, *e.g.*, publican, innkeeper, brewer, butcher? Those who work in dusty trades have not very good lives, as masons, millers, or those exposed to trade poisoning, as compositors, painters, plumbers, etc.

Test the vision; feel the tongue; examine the throat; are the fingers clubbed or cyanosed? The heart and lungs must receive very careful attention as well as the vascular system (arterio-sclerosis, aneurism, etc.). The digestive system must be thoroughly investigated and the abdomen palpated. The urine must be examined for albumin and sugar and the urea estimated. As nervous diseases are often latent, a careful examination of the various reflexes must be made in order to discover if any incipient signs are present of general paralysis of the insane, locomotor ataxia, etc.

One must carefully inquire into what are called hereditary diseases. Thus, insanity or nervous diseases in the parents may in the children exhibit

themselves as hysteria, neurasthenia, epilepsy, etc. If the proposer has reached middle life, the tendency to these decreases greatly. The liability to tuberculosis also shows itself markedly in certain families, but here again, as age advances, the tendency lessens.

Gout, diabetes and cancer are also often present in succeeding generations of the same family.

Asthma and acute rheumatism also often develop in children, one of whose parents has suffered from either of these diseases.

Intemperance shows a hereditary tendency, as does also the tendency to suicide. The life of the " tippler " is far more risky than that of the man who indulges only in occasional bouts of drinking.

The presence of albumin in the urine usually implies rejection of the application, but care must be exercised to determine whether it is not functional or dietetic in origin.

Syphilis, if recent, is usually a bar to life insurance, and so also is hernia, unless a well-fitting truss be worn.

Otitis media also places the individual in a dangerous position, owing to the possibility of mastoid disease or thrombosis of the lateral sinus.

CHAPTER XVI

BOOK-KEEPING

THIS is a form of work which is usually very unattractive to the ordinary practitioner. The reason for this is that he is accustomed to active mental work, and book-keeping is essentially a monotonous and uninteresting piece of work.

Systematic book-keeping is by many doctors greatly neglected, with the result that their book entries fall into arrears, and when the books have to be made up more time is lost in unravelling and posting them up than would have been the case if they had been attended to periodically and systematically. Incidentally, much money is lost to the practitioner by this loose and haphazard method of keeping his records, not to speak of his forgetting to note visits made, operations performed or medicines or appliances supplied.

The business books which a medical man requires to keep are few, and his form of single entries are simple when compared with the cross or double entry system employed by business firms.

The doctor requires only to keep a (1) visiting list, (2) cash book, and (3) ledger.

(1) The **Visiting List** is usually carried by him, and in it he records every visit made. This list may be ruled for each week, but preferably for one month, as this necessitates writing in the patients'

names only once a month. Each evening this list is gone over, and a mark (\) is made against those patients' names whom we mean to visit next day or subsequently. When the visit is completed we change this into a cross (×). At the end of each week or month the total number of visits paid to each patient is posted to the ledger.

Frequently, however, practitioners keep a small pocket diary, and into it they enter every night the names of those patients to be seen next day and the order in which they are to be visited. Then they transfer the visits they have made that day into the visiting list, and in this way the latter is kept clean and free from errors. Any special or late visit, operation done, medicine or apparatus supplied, is also noted in the visiting list as well as any money received.

The doctor also enters into this list the names of all those who have consulted him that day, either at his own house or at his surgery, and so the day's book-keeping is ended. It is often very late at night before this can be done, but done it should be every night, and not left over until next morning. If so, perhaps urgent cases come in or the doctor is called away early, and thus the record of the former day's work gets confused in the mind. It may be that entries are made where visits were not paid, but more often it happens that he omits to enter visits, etc., which he has made.

(2) **Cash Book.**—Into this book every item of money received, with the name of the payer, or paid out, with the name of the payee, is made, and at the end of each week or month the former items

are posted in the ledger. It is absolutely necessary to enter every payment, for you cannot irritate or annoy a patient more than by rendering your account twice. This you are very liable to do if you do not at once note that payment has been made. This rendering of an account twice may be a source of much mental disturbance to your patient if by chance he has mislaid, lost or destroyed the receipt for the first.

The cash book consists of one page on the left side in which you enter all moneys received (*Cr.*) from whatever source, and on the opposite page all moneys paid away (*Dr.*) for whatever purpose. It shows your income and expenditure, and ought to be kept at hand so that no item may be omitted to be entered.

(3) **Ledger.**—The ledger is a large book with an index and numbered leaves. An account for each family is opened, and their name entered in the index with the corresponding page on which their account is.

At the end of each week preferably, or certainly not later than the end of each month, the number of visits paid to each family is entered under each separate account, with the amount to be charged in the money columns. Any extras are also noted (*e.g.*, special or prolonged visits, appliances, etc.), and thus at a glance the completed account for each family is seen.

At the end of each half-year one has merely to sum up the total for the past six months, and the account is completed. As soon as the account is paid, the sum which was noted in the cash book is

transferred to the ledger, and this half-year's account is closed. The date of payment should always be noted in the ledger.

Accounts should be sent out every six months, and certainly not later than once every year.

If the practitioner is too busy and has neither time nor inclination to make out his own accounts, the ledger may be handed to an accountant to make up and send out the accounts. This, however, is very unsatisfactory, as you yourself only know the financial position of each of your patients. You may wish to charge a much smaller fee in certain cases, while in other cases, which perhaps have occupied much more time, you may wish to charge an increased fee. If, however, you have considered these points and have entered up all the sums to be charged, then an accountant has only to sum up the figures and send out the bills. He will probably succeed also in getting more money in, as he does it from his purely business point of view, whereas you yourself might not like to unduly press your patients for payment.

The *loose-leaf method* of keeping books has simplified the practitioner's work very greatly. For each patient there is a visiting list sheet, which is ruled so that it lasts a whole year or more. On it the total number of visits paid, with the total sum to be charged each month, with extras, etc., is seen at a glance. At the end of the year, or when you have ceased visiting this patient, this visiting list is slipped into the ledger, of which it now forms a page. If you recommence visiting this patient, the list is again removed from the ledger and placed amongst

your current lists of patients. The ledger requires no indexing, as all the visiting list sheets when they are introduced are placed in alphabetical order.

When a patient has died or removed, and his account has been finally closed, the whole of the visiting lists relating to this family are removed from the ledger and placed in reserve, so that it never becomes laden with unnecessary pages, and so can be used permanently.

There is also on the market a register which comprises day book, cash book, ledger, etc., all in one, and certainly, when you have once mastered it, it is advantageous to have everything in one volume. There is also a card index system of account keeping, but on the whole I think the loose-leaf system is the easiest and best.

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